Influenza/Pneumococcal Resource Toolkit

2003-2004

VA National Center for Health Promotion and Disease Prevention

NCP WEBSITE

Influenza/Pneumococcal
Resource Toolkit
NOW AVAILABLE!!

For a wide variety of information and resources about prevention, please visit our website at:

http://www.vaprevention.com

http://www.health4vets.com

INFLUENZA/PNEUMOCOCCAL RESOURCE TOOLKIT
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INFLUENZA/PNEUMOCOCCAL RESOURCE TOOLKIT REVISIONS - 2003-2004 FLU SEASON

The revised Influenza/Pneumococcal Resource Toolkit for the 2003-2004 flu season will be available in PDF format for downloading, printing, and inserting in a 3 ring binder. This manual will be available September 15th on the National Center for Health Promotion and Disease Prevention website at www.health4vets.com or www.vaprevention.com

The following 3 items will be sent to medical centers to the attention of the Nurse Executive (2 sets - please give to those individuals at your facility who will be responsible for the Flu Vaccine clinics/campaign such as the Infection Control Nurse Practitioner, Flu Campaign Coordinator, Primary Care, etc.) and the VISN Education Contact Person (1set - please give to Primary Care/Ambulatory Care staff). Delivery of the items listed below (video, buttons, posters) will be sent some-time around September 4 through Sept 15 in 3 different mailings. We recommend you hold all items until September 15th when the manual can be downloaded and assembled and then contact the appropriate persons for pick up.

1. **Video - Patient Information for Influenza Immunizations**
   - This video is only 4 minutes long and can be shown to patients, visitors and staff in patient waiting rooms; outside dining/canteen areas; staff meetings; on the V-tel system
   - Begin showing the video as soon as you receive it (after September 15th)
   - The video will:
     - Explain the importance of flu immunization for all staff
     - Dispel myths about receiving the flu vaccine
     - Urge all employees to get their flu vaccine
     - Encourage all staff to persuade our patients to get their flu shots

2. **Buttons**
   Buttons are for staff to wear to promote vaccination

3. **CDC Posters**
   Please distribute and display in prominent patient care areas

TAB 1
FOREWORD AND INTRODUCTION

FOREWORD

By Steven J. Yevich, MD, MPH, MS
Director, VA National Center for Health Promotion and Disease Prevention (NCP)

Through Dr. Kristin Nichol (Minneapolis VAMC) and the Centers for Disease Control and Prevention (CDC), the VA National Center Health Promotion and Disease Prevention (NCP) and EES were able to take on the development of this demonstration project aimed at increasing rates of influenza and pneumococcal vaccinations among veterans. After an initial survey assessment of current practices in the VA had been completed, the next step was to create an influenza/pneumococcal resource toolkit, which I am pleased to announce has been accomplished. At this point, our major emphasis has been on influenza in order to meet this year's flu season.

To a clinician, there is nothing glamorous about flu cases; immunization programs are even less exciting. But this is what Prevention is all about – TACKLING DISEASE BEFORE IT HAPPENS, the unexciting way. Sitting in a clinic, waiting for a known, but preventable threat to strike, is the same as watching people walk into a marked minefield! Indeed, besides having significant impact on Quality of Life and workdays lost, influenza and pneumococcal disease are responsible for more deaths than the aggregate total of all other vaccine preventable diseases in the US. The risks for complications, hospitalizations, and deaths from both these diseases are increased among persons aged > 65 years, very young children, and persons of any age with certain underlying health conditions.*

Some facts about these vaccinations:

1. Vaccinating persons at high-risk is the most effective means of reducing the impact of the disease. Especially among elderly persons within the community, hospitalizations for heart disease, cerebrovascular disease, and pneumonia or influenza, and deaths from all causes can decrease by 48 to 50%, resulting in significant cost savings.**
2. Flu vaccination program performance typically is not good. Data from CDC for year 2001 showed that vaccination rates for high risk patients fell far short of the Healthy People 2010 goal of 90%. Typical vaccination rates for 2001 averaged 65% for influenza and 60% for pneumococcal in the elderly.*** Influenza

vaccination rates are even lower (44%) among adults 50-64 with high-risk medical conditions.****

3. Although vaccination of health-care workers has been associated with reduced work absenteeism and fewer deaths among nursing home patients, and despite the presumed increased availability of the vaccine to HCWs, vaccination rates among these medical personnel in 2001 was only 36%.*

Why an Influenza/Pneumococcal Resource Toolkit?

Successful vaccination programs have been shown to combine publicity and education for health-care workers and other potential vaccine recipients, a plan for identifying persons at high risk, use of reminder/recall systems, methods to improve patient access, and efforts to remove administrative and financial barriers that prevent persons from receiving vaccine. Use of standing orders programs is recommended for inpatient and outpatient facilities, as well as long-term care facilities under the supervision of a medical director.*

To increase the inclusion of all these factors, and to facilitate the implementation of a vaccination program and reduce medical facility burden, this toolkit was designed to be a generic, high-quality, ready-to-use and comprehensive resource, while being practical and easy to use. The intent of the NCHPDP and the development team is to provide useful resources for facilities to develop an active vaccination program and/or to supplement current programs – and to increase vaccination rates.

REMEMBER: Protect yourself, your patients, and your family members by getting the influenza vaccination this Fall!

*** CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, April 25, 2003; 52: 1-36.**
**** Nichol, KL et al. Influenza Vaccination and Reduction in Hospitalizations for Cardiac Disease and Stroke among the Elderly, N Engl J Med. 2003; 348: 1322-1332.**
***** CDC. Influenza and Pneumococcal Vaccination Levels Among Persons Aged > 65 Years —- United States, 2001, MMWR, November 15, 2002: 51: 1019-1024.**
******Bridges, CB; Fukuda, CB; Uyeki T et al. 2002. Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices, MMWR 51 (RR03)1-31.**

INTRODUCTION

By Kristin Nichol, MD, MPH

Influenza and pneumococcal diseases are major causes of morbidity and mortality in the United States. Each year they are responsible for tens of millions of illnesses, hundreds of thousands of hospitalizations, tens of thousands of deaths, and billions of dollars in health care costs. Together they are responsible for more vaccine preventable disease deaths in this country by 10 to 50 fold than all other vaccine preventable diseases combined! The elderly and other high risk persons bear a disproportionate burden of the severe complications of these illnesses that result in hospitalization and death, and many of the veterans we serve fall into one of these categories.

Improved delivery of influenza and pneumococcal vaccinations could substantially reduce the morbidity and mortality burden associated with these diseases. In 2001 only 65% of elderly persons had received an influenza vaccination and only 60% reported ever receiving a pneumococcal vaccination. Vaccination rates for high-risk persons under age 65 are even lower. Clearly we have a long way to go to meet the national 2010 goal of a 90% vaccination rate for each of these immunizations among the elderly.

Evidence-based reviews of the literature suggest that successful strategies to improve vaccination rates share some of these common themes:

1. Providers who are knowledgeable about the diseases and the benefits of vaccination are necessary but not sufficient to improve vaccination rates. Knowing the facts is not enough.
2. Among the most important determinants of patients' vaccination behavior is their provider's recommendation. If the patient's health care provider strongly recommends vaccination, the patient is highly likely to receive the vaccine, even if he/she otherwise has somewhat negative attitudes toward vaccination. On the other hand, if the provider fails to recommend vaccination, then the patient is unlikely to be immunized. What the health care provider says makes a big difference.

3. In addition to provider recommendation, systems strategies that ensure the offering and administration of vaccine are critical. Processes that are automatic and empower nurses and other health care professionals to offer and administer vaccinations are especially effective. Some of these systems strategies include patient reminders / recall systems, standing orders, walk-in clinics, etc.
4. In designing durable strategies, it is important to pay attention to issues of convenience for patients, and efficiency and workload impact for health care professionals.
5. Evaluation and feedback are essential for understanding whether the various strategies are working and to help identify areas in need of improvement.

Improving influenza and pneumococcal vaccination rates among veterans will enhance their health and reduce health care costs. This toolkit can help you do just that.

TAB 2
INSTRUCTIONS FOR TOOLKIT USE

INSTRUCTIONS FOR USING THE INFLUENZA TOOLKIT

September 15, 2003

This revised Toolkit is an updated set of resources to provide strategies and ***SAMPLE*** customizable documents that may be useful in implementing or revamping an influenza/pneumococcal vaccination program and is a companion to other items sent to facilities for this year's Immunization campaigns. Resources have been sent to the Chief Nurse Executives (2 sets) and to the VISN Education contact (1 set). The Influenza/Pneumococcal Resource Toolkit Revisions for the 2003-2004 flu season are outlined on page 3 of the manual.

Contents in this manual have been reviewed, revised, updated and/or added as completely new material to last year's Toolkit notebook. Tabbed dividers are included in this file to assist in setting up or replacing last year's notebook contents. *It will be easier to completely replace the contents of last year's notebook than to replace sections of the manual, so we suggest starting new.*

Each document will need facility review and approval. The documents may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.

3 Key Points:

- First, please ensure that toolkit materials end up in the "right hands" (flu campaign coordinator, primary care flu coordinator, infection control nurse). This resource will be useless if it remains unused and parked in some corner of someone's office.
- Next, we encourage you to widely disseminate the materials provided. All kit materials—including information sheets, posters, patient health education, and more—are in the public domain, and may be reformatted, photocopied, and otherwise reproduced in your current or future projects without further permission.*
- Last, please encourage patients and staff to get a flu shot. Be a role model, get your flu vaccination to protect patients, co-workers, yourselves and advocate others to get vaccinated.

This **Toolkit** can be used in a variety of ways. Information is provided to help establish an influenza vaccination program from inception. However, some facilities may have well-established programs and only need updated posters, reminders, etc.

Each sectioned tab in the **Table of Contents** is clearly identified to allow for easy retrieval of specific items or information needed.

The **Foreword** and **Introduction** explain the reasons for the compilation of this information.

The **VHA Directive** offers clear, concise instructions for implementation of an immunization program.

There is a **Sample Generic Policy** that can easily be modified to be used in any facility, along with samples of other Medical Center policies already in place, to guide policy development.

Sample Protocols and Checklists may be modified specific to facility needs.

Also included for use are **View Alerts**, **Drafts of Letters** to be sent to patients, or possible **Phone Message Scripts,** which can be used in entirety or modified for each facility.

A copy of the flu vaccine **Clinical Reminders** in use at one facility has been added as an example.

Two PowerPoint presentations are included. One has only 2 screens and can be used as a computer screen-saver or as a continuous run on a VCR to remind viewers about flu vaccinations. The other presentation can be used for patient/provider education.

Materials developed from **CDC** are professional and appropriate for display in VHA facilities. **CDC Patient Health Education posters/flyers** can be copied for widespread use by the facilities.

Provider Information details the specifics of vaccine administration as well as pertinent encounter/workload capture data. There are several new documents in this section.

Immunization websites and references are listed in the **References** section.

Remember: Separate items include a video, buttons, and posters.

Questions or comments can be addressed to Susi Lewis, RN, Rosemary Strickland, RN, or Linda Kinsinger, MD, at NCP by calling 919-383-7874, ext. 234, 239 or 222.

*Please cite CDC as the source, and note the date of publication where stated when republishing the information contained in the kit. The materials should not be used in direct product promotion.

TAB 3
VHA
DIRECTIVE

The 2003-04 Influenza Immunization VHA Directive is pending and will be posted on the NCP website (www.vaprevention.com) as soon as it is available. Please insert it here.

TAB 4
SAMPLE POLICIES AND PROGRAMS

"SAMPLE GENERIC POLICY"

(Facility Name) MCM #
(Facility Address) Date

ADMINISTRATION OF VACCINES

1. **PURPOSE:** The purpose of this memorandum is to define policy and procedure for the administration of immunizations in accordance with established protocols, preventive medicine guidelines, chronic disease performance measures, Healthy People 2010 guidelines and Department of Veterans Affairs emphasis on Preventive Medicine.

2. **POLICY**:
   a. All eligible veterans, outpatient and inpatient, and employees/ volunteers will be offered immunizations, based on availability of vaccine and person's risk factors.
   b. Administration of immunization includes informed expressed or implied permission by the patient along with appropriate screening.
   c. Consent form requirements for employees/volunteers; refer to current VHA Directive for guidance.
   d. All persons receiving vaccinations should receive information about the vaccine and its benefits and risks.
   e. RN/LPN or Pharmacist may administer immunization.

3. **PROCEDURE:**
   a. Protocols for immunization administration are defined by the Center for Disease Control (CDC) and VA Prevention Index (PI) Criteria.

   b. CDC and PI recommendations regarding prioritization of patients, risk factor identification, and standards for administration are adopted as accepted standards of practice by the medical staff.

c. Links for information to the programs identified in the purpose include:
http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm
http://www.cdc.gov/ncidod/diseases/flu/fluvac.htm
http://www.cdc.gov/nip/vaccine/vac-chart-public.htm

d. Information sheets regarding adverse or untoward effects of vaccines will be given to recipients prior to vaccine administration.

e. Administration of immunizations will be documented in CPRS.

4. **RESPONSIBILITY**: The Chief, _____ Services is responsible for the contents of this MCM.

5. **REVIEW DATE**: The Chief of Staff will review this policy for revision/ rescission in 2 years.

6. **REFERENCES**:
   a. Centers for Disease Control and Prevention (CDC).
      i. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, Current edition.
      ii. Influenza Vaccine Flu Season, Current edition.
      iii. The Advisory Committee on Immunization Practices Makes New Influenza Vaccine Recommendations, Current edition.
      iv. Vaccine Supply, Current edition.
      v. Vaccine Information Statement (VIS). Atlanta, GA: IS Department of Health and Human Services, CDC, Current edition.
   b. VHA Directive: Influenza Vaccine, Current edition
   c. VHA Handbook 1120.2: Health Promotion and Disease Prevention Program, Current edition.

7. **RESCISSION**: Last policy related to vaccines.

_____
(Signature of Medical Center Director)

SAMPLE – ("This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice".)

DEPARTMENT OF VETERAN AFFAIRS
AMERICAN LAKE/SEATTLE
PUGET SOUND HEALTH CARE SYSTEM
PRIMARY & SPECIALTY MEDI CAL CARE
OCTOBER 1999
Revised January 2002

Health Promotion and Disease Prevention Program Protocol

PURPOSE: To implement a systematic program in accordance with VHA Handbook 1120.2, that ensures veterans receiving primary care are provided with periodic health promotion and disease prevention services.

POLICY: VA Puget Sound outpatients to Primary & Specialty Medical clinics will complete a Health Promotion evaluation annually:

PROCEDURE: Patients will be assessed regarding their health behavior and will be provided information to help them make choices for a healthier lifestyle. Cancer screening and immunizations will be offered and chronic disease management exams will be performed. A team approach to completion of the Health Promotion process will be utilized. The elements of annual Health Promotion to be addressed are at least the following:

- BMI > 27: receive nutrition and exercise counseling
- Hypertension: receive nutrition and exercise counseling
- Alcohol screen: all patients
- Depression screen: all patients
- Tobacco use counseling: all tobacco users
- Immunizations: patients >64, or chronic illnesses, such as diabetes, heart or lung disease, or compromised immune system, or residents of chronic care facilities.
- Influenza: annually
- Pneumovax: one time
- Cancer screens:
- Colorectal (age 50+): FOBT annually unless colonoscopy in past 5 years
- Prostate (men 50-69): counsel regarding risks and benefits of prostate cancer screening unless prior prostatectomy or current prostate cancer
- Breast (women 50-69): Mammogram every 2 years unless bilateral mastectomy
- Cervical (women 18-65): PAP smear every 3 years unless hysterectomy

- Diabetes evaluation: (eye exam, foot exam, HbA1C)
- Ischemic Heart Disease (aspirin and beta blocker use, cholesterol management)
- Inhaler use for pulmonary disease
- Hepatitis C antibody screen (one time)

RESPONSIBILITY:

a. Providers are responsible to review the Health Promotion progress note in CPRS and alert nursing staff if any elements of the Health Promotion are inappropriate for an individual patient (ie, FOBT in patients with short life expectancy). Providers are to complete Ischemic Heart Disease elements and to follow-up on positive alcohol, depression, Hepatitis C or cancer screens. Document in medical record and on encounter form.

b. Nursing personnel are responsible for following established procedures to ensure all identified outpatients will complete Health Promotion process. Nursing staff (RNs and LPNs) in Primary and Specialty Medical Care Outpatient Clinics are authorized to complete, when indicated, the following elements of the Health Promotion program per this protocol.

- Nutrition and exercise counseling using approved handouts.
- Administer and score approved alcohol and depression screens.
- Counsel current smokers regarding risks, encourage to stop, and send consult to Smoking Cessation if patient requests.
- Provide information regarding immunizations to target patients and determine if contraindications like egg allergies, fever, or previously immunized.
    - Offer influenza immunization annually.
    - Offer Pneumovax one time.
- Instruct patient and order FOBT.
- Counsel patient regarding risks and benefits of prostate cancer screening using approved information.
- Order mammogram.
- Consult to Women's Clinic for women requiring PAP smear and/or mammogram.
- Consult to Eye Clinic for diabetic eye exam.
- Order HbA1c.
- Complete diabetic foot exam, alert provider to do, or send consult to Diabetic Foot Clinic.
- Order Hepatitis C Antibody screen

Nursing personnel will document, using clinical reminders program in CPRS, the elements of the Health Promotion process they complete. Document if patient refuses screens, immunizations, referrals, or lab work.

c. Pharmacists are responsible for instructing and observing return demonstration of correct inhaler use. Document in medical record and PCE.

d. Clinic PSAs are responsible for identifying patients requiring Health Promotion at time of clinic visit. PSAs provide identified patients with questionnaire and "Healthy Tips" brochure. PSAs make Health Promotion clinic visit at the completion of the Health Promotion process and are responsible to document Provider encounter form data in PCE.

REFERENCES: VHA HANDBOOK 1120.2, Health Promotion and Disease Prevention Program, May 3, 1999.

_____
Date

Contact Person:

Molly Aldassy
(206) 764-2100
molly.aldassy@med.va.gov

_____
Date

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Department of Veterans Affairs

Memorandum

Date: October 1, 2001

From: Chief of Staff

Subj: Influenza Vaccination Program

To: All Physicians & Dentists
Nursing Service
MAS

1. PURPOSE:

To establish a standing order for the offering and administration of influenza vaccinations for the Minneapolis VA Medical Center and non-contract CBOCs.

2. PROCEDURE:

a. Nurses may administer influenza vaccine to outpatients and inpatients (at the time of discharge). In addition, they may vaccinate veterans, employees, and volunteers against influenza virus who present to the Walk-ln Vaccination Clinic.

b. Influenza vaccine may also be administered to veterans, employees and volunteers in other appropriate settings as circumstances dictate such as giving vaccine to veterans during routine clinic visits and giving vaccine to employees during special employee health care clinics or with the infection control nurses' "traveling cart".

c. All nurses administering the vaccine under this standing order will receive training on administration of the vaccine.

d. Before administering the vaccine, the nurse will ask if the person has any known contraindications to receiving the vaccine (e.g., egg allergy or past severe reaction to the vaccine).

e. If the person has no contraindication, the nurse may administer the vaccine, and the person will be asked to wait for 10-15 minutes after vaccination before leaving the clinic or ward area.

f. A signed consent will not be required.

g. During the immunization season, a stop at the Walk-In Vaccination Clinic will be placed on the inpatient clearance slip. Ambulatory patients at discharge will thus be able to receive influenza vaccine at the Walk-ln Clinic.

h. Inpatients who are not ambulatory on the day of discharge will be offered vaccination on the ward prior to discharge.

i. A special **WALK-IN VACCINATION CLINIC** will be held to accommodate people who may not be Able to obtain flu shots at the time of regularly scheduled clinic appointments. The Walk-ln Clinic is available in Minneapolis and at Twin Ports.

In Minneapolis, the Walk-ln Clinic is held in the Flag Atrium; at Twin Ports, the patient checks in at the desk. The Walk-ln Clinic will be open weekdays only, no holidays. Following are the dates and times for the Minneapolis Walk-ln Clinic for 2001:

October 22 through October 26	8:00 a.m. to 5:30 p.m.
October 29 through December 7	8:00 a.m. to 3:30 p.m.

Following are the dates and times for the Twin Ports Walk-In Clinic for 2001:

October 22 through December 7	1:00 p.m. to 3:00 p.m.

j. All people receiving the vaccine at the Walk-In Clinic will be asked to read the "Flu Shot Information Sheet" and to fill out and sign the Flu Shot shingle prior to receiving the vaccination,

k. Travel pay will not be provided to patients coming only for the Walk-In Vaccination Clinic.

Contact Person:

Meri Hauge
(612) 467-3750
meri.hauge@med.va.gov

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VA Northern California Health Care System
Martinez, California

Policy Statement PS-11-98
December 17, 2001

OUTPATIENT ADMINISTRATION OF VACCINES

1. PURPOSE

To outline policy, assign responsibility and prescribe procedures for the administration of outpatient Immunization Vaccines by Registered Nurses (RN's) and Licensed Vocational Nurses (LVN's) in the VA Northern California Health Care System (VANCHCS). **All Inpatients in the VA NCHCS need a physician order before the administration of any Immunizations or Vaccines by an RN or LVN.**

2. DEFINITIONS

a. Vaccines are defined as Pneumonia Vaccine, Influenza Vaccine and Diphtheria Tetanus.
b. Licensed personnel are defined as Registered Nurses, (RN's) and Licensed Vocational Nurses (LVN's).

3. POLICY

a. Patient health advocacy insures that all eligible outpatient veterans and Tricare participants receive Immunizations, based on availability of the vaccine and the patients' risk factors. Administration of Immunizations includes informed expressed or implied permission by the patient along with appropriate screening. Immunizations are administered in outpatient and home health settings by Registered Nurses (RN's) and Licensed Vocational Nurses (LVN's).
    (1) Protocols for immunization administration are defined by the Center for Disease Control (CDC) and VA Prevention Index (PI) Criteria.
    (2) CDC and PI recommendations regarding prioritization of patients, risk factor identification, and standards for administration are adopted as accepted standards of practice by the Medical Staff.
    (3) Links for information in (1): http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm
    http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm
    http://www.cdc.gov/ncidod/diseases/flu/fluvac.htm
    http://www.cdc.gov/nip/vaccine/vac-chart-public.htm

4. PROCEDURES

a. The CDC protocols for administration of Immunization or Vaccine should be followed.
   (1) Information Sheets regarding adverse or untoward effects of vaccines will be given to patients prior to vaccine administration.
   (2) Administration of immunizations will be documented in CPRS.
   (3) Pneumonia Vaccine will be offered and administered to patients over 65 years of age or those patients at risk with the following: heart disease, sickle cell disease, alcoholism, lung disease, diabetes, cirrhosis, Hodgkin's disease,
   kidney failure, nephrotic syndrome, lymphoma, leukemia, multiple myeloma, HIV infection or AIDS, organ transplant, or damaged spleen or no spleen.
      a. Pneumococcal polysaccharide vaccine is usually given once in a lifetime. A second dose is recommended for patients who received their first dose when they were under 65 years of age and if more than 5 years have passed. A second dose is also recommended for those who fall into the high-risk group.
   (4) Influenza Vaccine is offered and administered yearly to patients over 50 years of age, as well as those living in residential or community homes or homeless. People are at risk for flu who are health care providers as well as our patients with serious long term health problems which include: heart disease, kidney disease, lung disease, asthma, metabolic diseases (diabetes, anemia and other blood disorders), HIV/AIDS, long term chemotherapy and radiation therapy, and women past the 3d month of pregnancy.
   (5) Diphtheria Tetanus (DT) is offered to patients who have not had DT in the last 5 years and due to invasive injury needing medical attention, are seen generally in Urgicenters or Primary Care.

5. EDUCATIONAL TUTORIAL

a. http://vaww.northern-california.med.va.gov/cprs/Manual/Imm_Inj.ppt

6. BIENNIAL REVIEW, RESCISSION OR REISSUE DATE

The Chief of Staff (11) will review this policy for rescission or reissue within two years of the date of issue.

7. REFERENCES

Policy Statement 11-40 Patient Care Orders
Joint Commission Accreditation Manuals for Hospitals (current edition)
EPRP Review Criteria (current)
CDC Guidelines for Administration of Vaccines (2001-2002)
Business and Professions Code Section 2859-2873.7 specifically Vocational Nursing sec: 2860.5-2860.7.

8. RESCISSION

None

Contact Person:

Kathleen Toms
(925) 370-4154
Kathleen.toms@med.va.gov

Distribution

TAB 5
SAMPLE PROTOCOLS

SAMPLE – ("This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice".)

SAMPLE VHA INFLUENZA VACCINE INFORMATION and PROTOCOL

INTRODUCTION

Influenza vaccine is recommended for adults, particularly those over 50 and high risk patients*. The vaccine may be administered by qualified nurses (i.e., RN, LPN, etc.) according to protocol from September through February. (Optimal time for immunization is October/November).

HIGH-RISK PATIENTS*

- Adults age ≥ 65
- Residents of long term care facilities (i.e. nursing homes, domiciliary)
- Patients with chronic illness (i.e. heart, lung, or kidney disease; asthma; diabetes; anemia or other blood disorders; HIV/AIDS; patients with weakened immune systems
- Health care workers
- Pregnant women (past 1st trimester)

CONTRAINDICATIONS **

- Allergic to eggs
- Allergic to Thimerosal
- Acute febrile illness
- Past serious allergic reaction to flu vaccine
- Already immunized for flu this season

REFERRAL TO HEALTH CARE PROVIDER **

- Patients with history of Guillian-Barre
- Women in the first trimester of pregnancy

Individuals with contraindications or indication for provider referral should **NOT receive influenza vaccine by protocol. These individuals may **ONLY** receive the vaccine with provider evaluation and a separate written order from their provider.

VACCINE STORAGE

Temperature 36-46°F or 2-8°C (Remove only as much vaccine from refrigerator as you will promptly use.) DO NOT STORE IN REFRIGERATOR DOOR.

OTHER INFORMATION: Influenza vaccine may be administered with other vaccines at the same time using different sites.

VACCINE PROTOCOL

1. Ask if the patient is feeling sick. If so, and they are febrile, or answer yes to any contraindications or provider referral questions on the protocol checklist, do **NOT** administer vaccine via protocol.
2. Give patient education handout, answering any questions, and ensure the patient understands.
3. Have the patient read and sign the consent form, if one is required.
4. If the patient is afebrile, and answers no to **ALL** contraindications or provider referral questions on the protocol checklist, then:

   give 0.5 cc Influenza Vaccine IM via protocol.

_____ _____

Chief of Staff or MD designee Date

_____ _____

Chief Nurse Executive or designee Date

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SAMPLE VHA INFLUENZA VACCINE PROTOCOL CHECKLIST

1. Do you feel sick today? ☐ Yes ☐ No
   IF YES, TAKE TEMPERATURE. IF TEMP IS ABOVE ____ , STOP AND DO NOT GIVE VACCINE.
   IF TEMP IS BELOW_____,
   PROCEED TO #2.

2. Contraindications and/or indication for provider referral: ☐ Yes ☐ No
   Immunized this season for flu
   Allergic to eggs
   Allergic to Thimerosal
   Allergic reaction to flu vaccine previously
   History of Guillian-Barre
   Female in first trimester of pregnancy
   IF YES TO ANY OF THESE, STOP AND DO NOT GIVE VACCINE.
   REFER PATIENT TO PROVIDER.
   IF NO TO ALL, PROCEED TO NUMBER 3.

3. Patient provided education handout, indicates understanding, and had questions answered: ☐ Yes ☐ No
   IF YES, PROCEED TO NUMBER 4.
   IF NO, STOP AND DO NOT GIVE VACCINE.

4. Did the patient read and sign the consent form: ☐ Yes ☐ No
   IF YES, PROCEED TO NUMBER 5.
   IF NO, STOP AND DO NOT GIVE VACCINE.

5. **Give Influenza Vaccine 0.5 cc IM now per protocol**: _____
   Provider Signature
   Deltoid Site: Right _____ Left _____
   Manufacturer/Lot #: _____
   Date/time given: _____

   _____
   Signature/Title of Clinician administering vaccine

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SAMPLE VHA PNEUMOCOCCAL VACCINE PROTOCOL

INTRODUCTION

Initial Pneumococcal Vaccination may be administered by nurses (i.e., RNs, LPNs, etc.) according to protocol to high-risk adults any time of year.

HIGH RISK PATIENTS

- Any person age 65 or older
- Any adult at risk due to chronic illness such as:
  - ♦ Heart disease
  - ♦ HIV infection or AIDS
  - ♦ Cirrhosis
  - ♦ Cancer
  - ♦ Absent or malfunctioning spleen
  - ♦ Nephrotic syndrome or renal failure
  - ♦ Alcoholism
  - ♦ Lung disease
  - ♦ Sickle cell disease
  - ♦ Diabetes mellitus
  - ♦ Organ or bone marrow transplant patient
  - ♦ Persons living in special environments or social situations (such as Native Americans, residents of long term care facilities)
  - ♦ Immunosuppressive treatment with x-ray, cancer drugs, or long-term steroids

CONTRAINDICATIONS

- Phenol allergy
- Any active infection

REFERRAL TO HEALTH CARE PROVIDER

- Revaccination is indicated for patients with certain illnesses, but should be done only with provider evaluation and by separate written provider order.
- Initial vaccination of lymphoma patients recently treated or about to receive treatment with chemotherapy or radiation should be undertaken only with provider evaluation and separate written provider order.
- Pregnant women (1st trimester) may be considered for vaccination, but should only be done with provider evaluation and separate written order.

OTHER INFORMATION

- If individual meets indications for vaccine and past vaccine status is unknown, the patient should be vaccinated.
- Vaccine may be administered to patients with mild infections such as URI without fever.
- Pneumococcal vaccine can be given at same time as other vaccines but in a different site.

VACCINE PROTOCOL

1. Ask if the patient is feeling sick. If so, and they are febrile, or answer yes to any contraindications or provider referral questions on the protocol checklist, do **NOT** administer vaccine via protocol.
2. Give patient education handout, answering any questions, and ensure the patient understands.
3. Have the patient read and sign the consent form, if one is required.
4. If the patient is afebrile, and answers no to **ALL** contraindications or provider referral questions on the protocol checklist, then:

   give 0.5 cc Pneumonia Vaccine IM via protocol.

_____ _____ _____ _____

Chief of Staff or MD designee Date Chief Nurse Executive or designee Date

SAMPLE – ("This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice".)

SAMPLE VHA PNEUMOCOCCAL VACCINE PROTOCOL CHECKLIST

1. Does individual meet recommendations for vaccine? ☐ Yes ☐ No
(age≥ 65 or chronic illness, i.e. heart disease; lung disease; alcoholism; diabetes mellitus; cirrhosis; immunosuppressive treatment with x-ray, cancer drugs, or long term steroids; nephritic syndrome or renal failure; absent or malfunctioning spleen; organ or bone marrow transplant patients; HIV infection or AIDS; cancer; sickle cell disease; person living in special environments or social situations, i.e., Native Americans, or residents of long term care facilities
IF YES, PROCEED TO #2
IF NO, STOP AND DO NOT GIVE VACCINE

2. Does individual report past Pneumococcal vaccine immunization? ☐ Yes ☐ No
IF YES, REFER TO PROVIDER AND DO NOT GIVE VACCINE BY PROTOCOL.
IF NO, PROCEED TO #3

3. Do you feel sick today? ☐ Yes ☐ No
IF YES, TAKE TEMPERATUE. IF TEMP IS ABOVE _____, STOP AND DO NOT GIVE VACCINE. IF TEMP IS BELOW _____, PROCEED TO #4.

4. Contraindications or indication for provider referral: ☐ Yes ☐ No
- Phenol allergy
- Pregnant (1ST trimester)

IF YES TO ANY OF THESE QUESTIONS, STOP AND DO NOT GIVE VACCINE.
IF NO TO ALL QUESTIONS, PROCEED TO #5

5. Individual has received an educational handout, indicates understanding and had questions answered? ☐ Yes ☐ No
IF YES, PROCEED TO #6
IF NO, STOP AND DO NOT GIVE VACCINE

6. Did individual read, understand, and sign consent form? ☐ Yes ☐ No
IF YES, PROCEED TO #7
IF NO, STOP AND DO NOT GIVE A VACCINE

7. Give polyvalent pneumococcal vaccine 0.5cc IM or SQ _____
Physician Signature

Deltoid Site: Right_____ Left_____
Manufacturer/Lot#_____
Date given: _____Time given:_____

_____
Signature of clinician administering vaccine

TAB 6
SAMPLE PUBLIC/STAFF MESSAGES

TELEPHONE, VIEW ALERT SCRIPT

Influenza season is almost here. The VA will offer flu shots to all employees. It is important that you get your flu shot every year by January. If you have questions about flu vaccine, please ask your supervisor.

Suggestions for use:

This standardized template for telephone script for flu reminder may be used on:

- Facility automated greeting
- On hold telephone recordings
- Automated appointment reminders
- Other recordings

If recording capability exists for additional script, facilities may choose to record dates, times and locations for flu shots as well as any other pertinent information.

This template **(bolded text)** can also be added to appointment letter reminders for patients with appointments during flu season.

Recorded flu reminders should begin September 15, 2003 and conclude January 31, 2004.

STAFF REMINDER NOTE

So, if we know that the flu shot works, why don't more people get vaccinated? Some people are concerned about side effects of influenza immunization. They think that the flu shot will make them sick. However, recent studies show that mild soreness of the arm at the injection site is the most common side effect. The flu shot itself will not give you the flu. Influenza vaccination is the best protection against the flu. Protect VA patients, yourself, your co-workers and your family by getting vaccinated. Check with your supervisor for information on how to get your flu shot.

Suggestions for use:

Staff newsletters
Posting on staff bulletin boards
Distribution to individuals via hard copy mail or e-mail
Staff vaccination contests

SAMPLE – ("This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice".)

SAMPLE "FLU" SHOT REMINDER
NAME OF FACILITY
DAYS/TIMES
LOCATION

Influenza season is almost here. We're dedicated to preventive care by offering influenza immunizations ("flu shots") to all veterans. You are at risk for getting the flu and many of you have diseases that put you at a higher risk for severe flu or complications, including pneumonia and sometimes death. We recommend that you come in for a flu shot if you:

- Are 50 years of age or older;
- Are diabetic;
- Have emphysema, bronchitis, asthma or other lung diseases;
- Have heart failure or other heart disease;
- Have a condition that has caused you to seek medical help in the past year;
- Want to stay healthy and avoid the flu.

Your VA Healthcare Provider, the Surgeon General of the United States and the Centers for Disease Control and Prevention (CDC) strongly recommend that you receive your flu shot by January.

⇒ The VA will be giving flu shots to all veterans.
⇒ It is important that you get your flu shot every year.
⇒ The vaccine is effective and safe.
⇒ You will **not** get the flu from the flu shot.
⇒ If you have an allergy to eggs, you should not receive the flu vaccine.

(Italicized text to be modified by each facility for their process)

No appointment is needed to get your flu shot. We encourage all veterans to come to the clinic at the date and times listed above.

If you have any questions about the flu vaccine, ask your primary care provider.

Suggestions for use:

1. ***Mailed reminder as an add-on to a mail out in:***
   a. ***New patient packet***
   b. ***Appointment letters***
   c. ***Patient newsletters***
   d. ***Means test reminders***
   e. ***Pharmacy mail-outs-(facility or CMOP generated)—identify contact***
   f. ***Facility patient satisfaction survey***
   g. ***Other mailings***
2. ***Posted on facility web site***

SAMPLE – ("This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice".)

SAMPLE FACILITY NEWS BRIEF (needs facility review and concurrence)

Don't let those nasty flu bugs get you this year. Flu can be very serious and could be life threatening. That's why the (Facility Name) wants to help protect you from these diseases.

The flu vaccine is given every year from October through February. Scientists create a new flu vaccine each year to respond to changing virus strains, so it's important to get a new shot every year. While the flu vaccine may not be totally effective in keeping you from getting sick, studies show that your illness will be less severe.

Who Should Get the Flu Vaccine?

You should get the flu vaccine every year if any of the following apply to you:

- You are in a nursing home
- You have a chronic illness, such as heart, lung, kidney or lever disease, anemia, diabetes, asthma or HIV/AIDS
- Your body is less able to fight infection because of a disease
- You are a healthcare worker
- You are healthy but want to lower your risk of getting the flu
- You are age 50 or older

(Facility Name) has started to receive shipments of the flu vaccine and will begin to vaccinate our patients, employees and volunteers. Check with your primary care provider or postings in your facility for specific vaccination times.

(Facility Name), in its continued commitment to the health of our veterans and their community, has recently launched a preventive health campaign to spotlight the importance of influenza immunization. As part of its outreach efforts, (Facility Name) will be sponsoring influenza (flu) vaccine clinics for veterans.

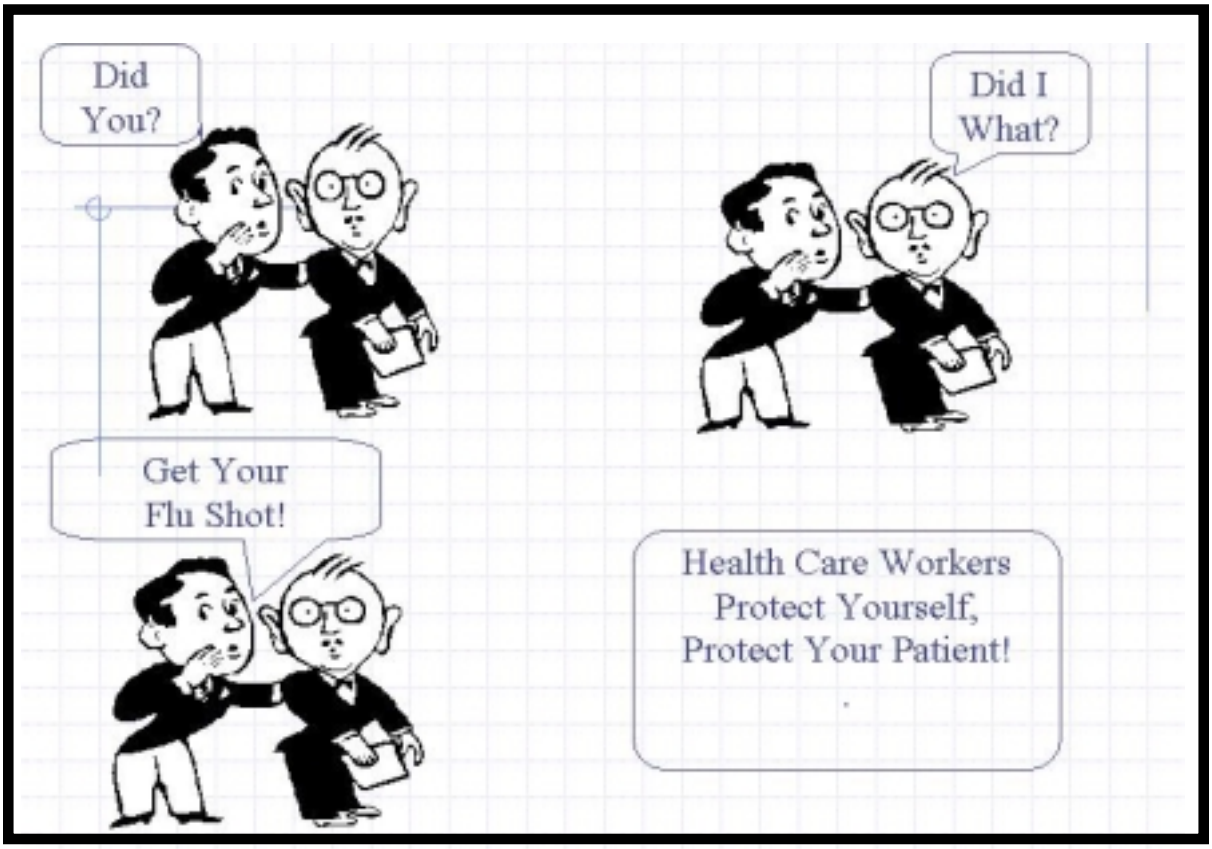
"The Flu" sweeps through our nation's communities each year. It is an unpleasant experience for everyone, but for the elderly and many others with decreased resistance to infection, it is very dangerous. Influenza also causes many people to miss work and costs companies millions of dollars each year in lost time.

The danger from influenza can be significantly decreased through immunization and employee absenteeism can be reduced. Immunization is an effective way for our VA and our community to protect itself from influenza.

Suggestions for use:

News briefs may be used for facility newspapers and or adapted for in-house publications.

TAB 7
SAMPLE SLIDES AND SCREEN SAVERS



Flu Myths

- **The shot can give you the flu.**
  - Flu vaccines are made from killed influenza viruses. These cannot give you the flu.

Flu Myths

- **I got a flu shot once, and still got sick.**
  - This can happen, but your illness wasn't caused by the flu shot. Other viruses, including other strains of the flu virus, circulate during the flu season. These can, and do, cause people to get sick.

Flu Myths

- **The side effects are worse than the flu.**
  - The worst side effect you're likely to get is a sore arm. The risk of injury or death from a rare allergic reaction is far less than the risk of severe complications from influenza.

Flu Myths

- **The vaccine isn't 100% effective, so I'm better off getting the flu.**
  - It is true that the vaccine isn't 100% effective. However, if you get a flu shot but still get the flu, you are likely to be far less sick than you would have been without the protection. Also, your chances of severe complications and death are greatly reduced.

Flu Myths

- **Not everyone can take the shot.**
  - People who are allergic to eggs (used in making the vaccine); currently have a severe, acute illness; or who have had a severe reaction to the flu vaccine in the past, might not be able to get this protection. **They depend on you to get vaccinated and stay healthy so they won't get sick.**

Don't Carry the Bug

- To your family
- To your friends
- To your patients.

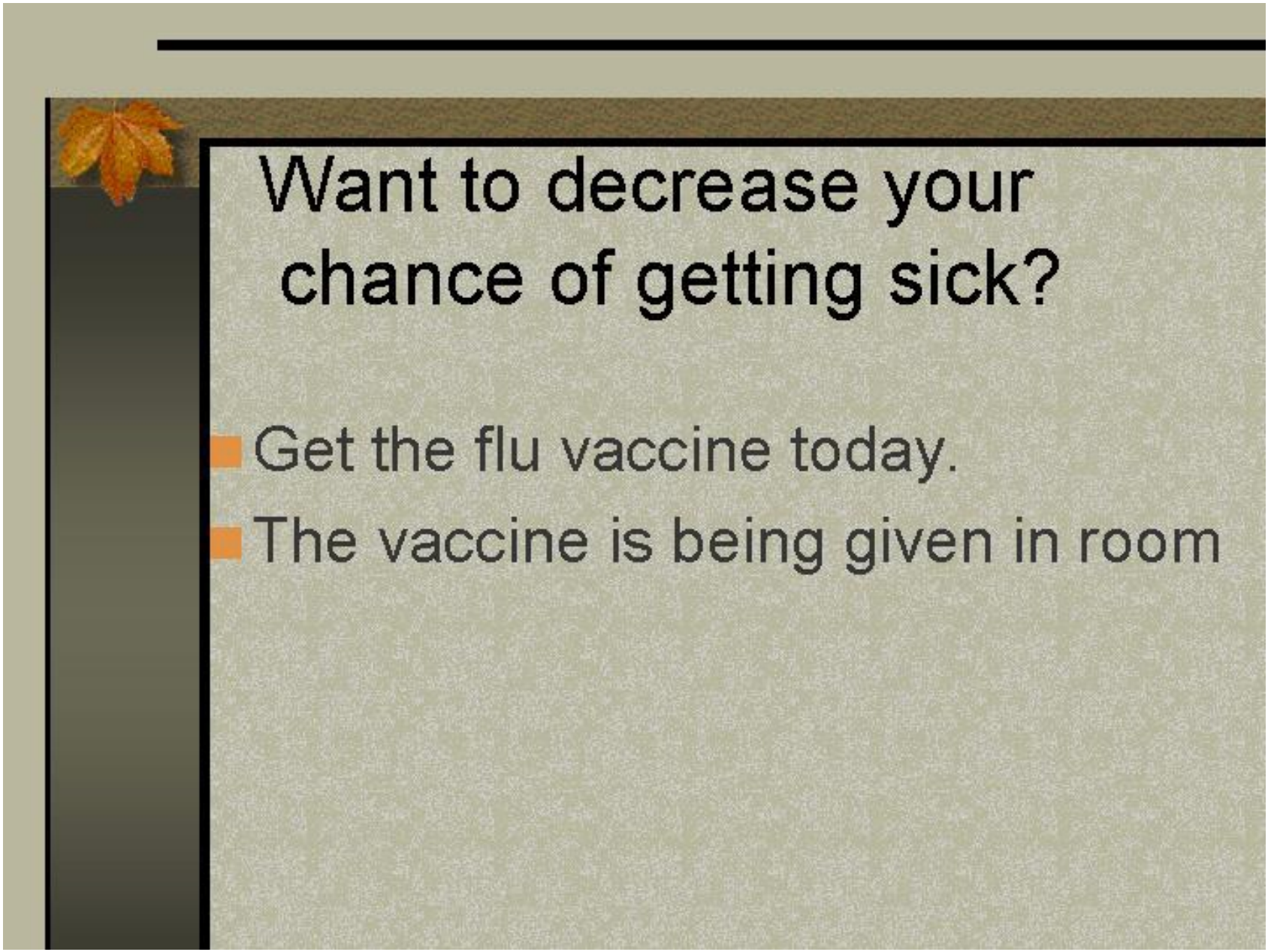
- Get your Flu vaccine

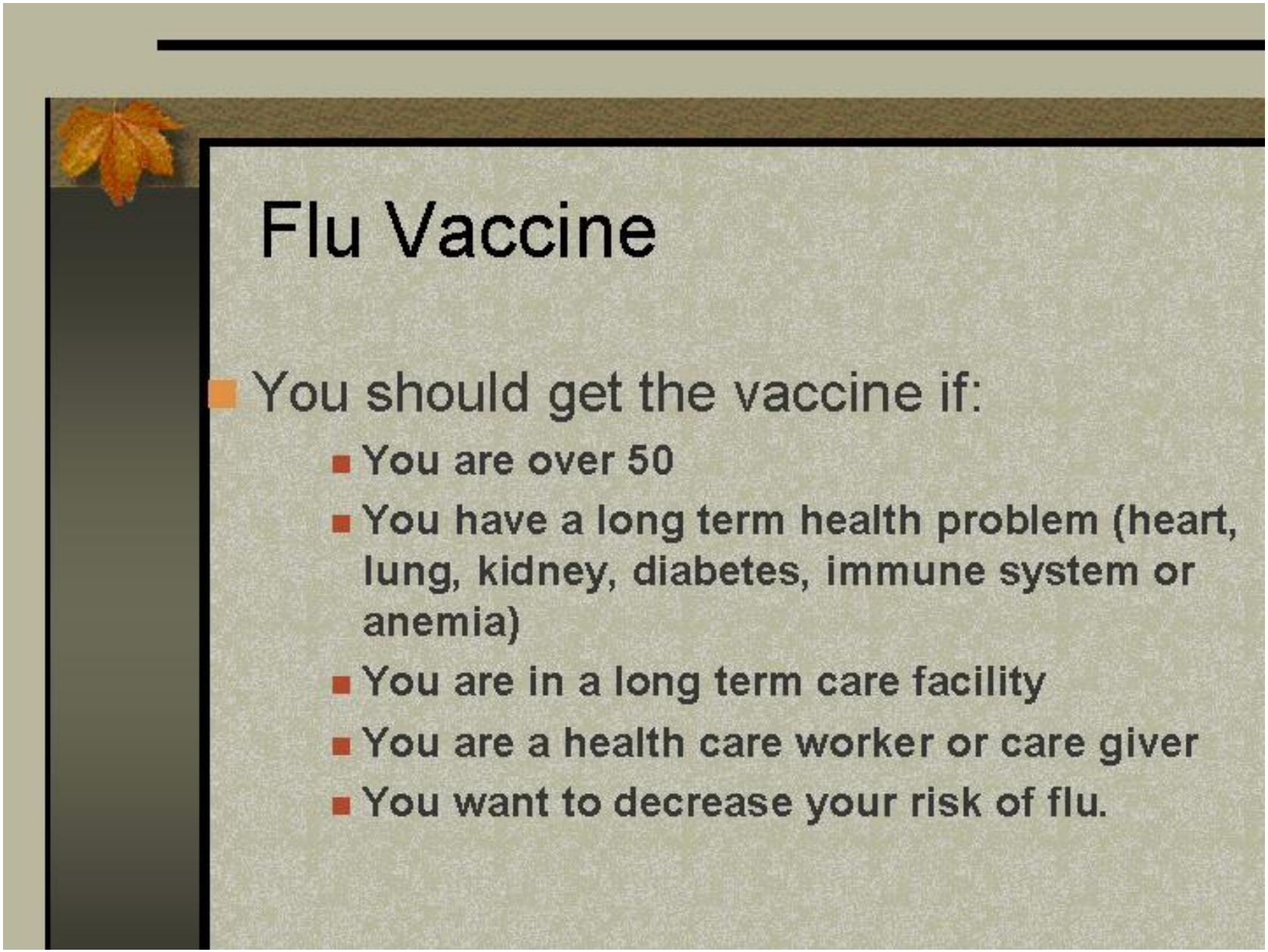
- Get the flu facts.
- Don't fall for myths.
- It's the BUZZ!

Don't Carry the Bug

- To your family
- To your friends
- To your patients.

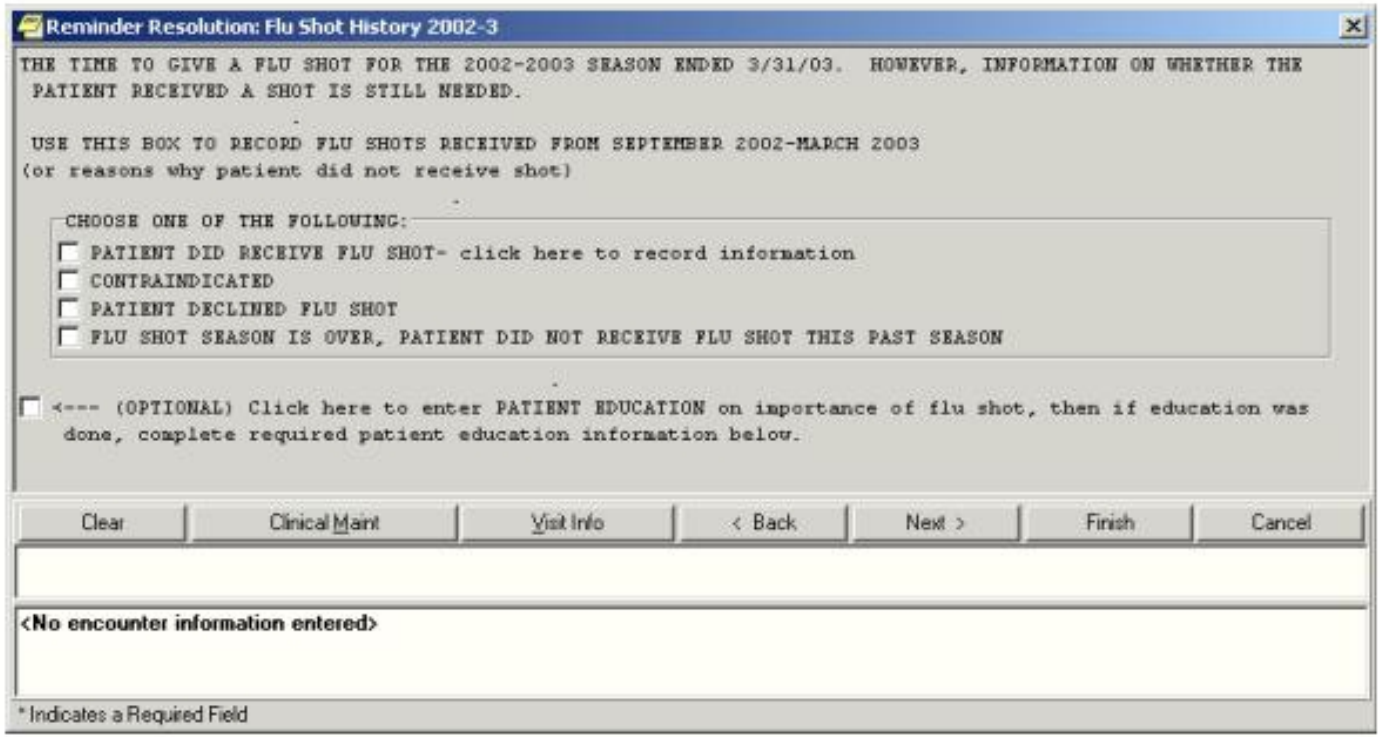
- Get your Flu vaccine


Want to decrease your chance of getting sick?
Get the flu vaccine today.
The vaccine is being given in room

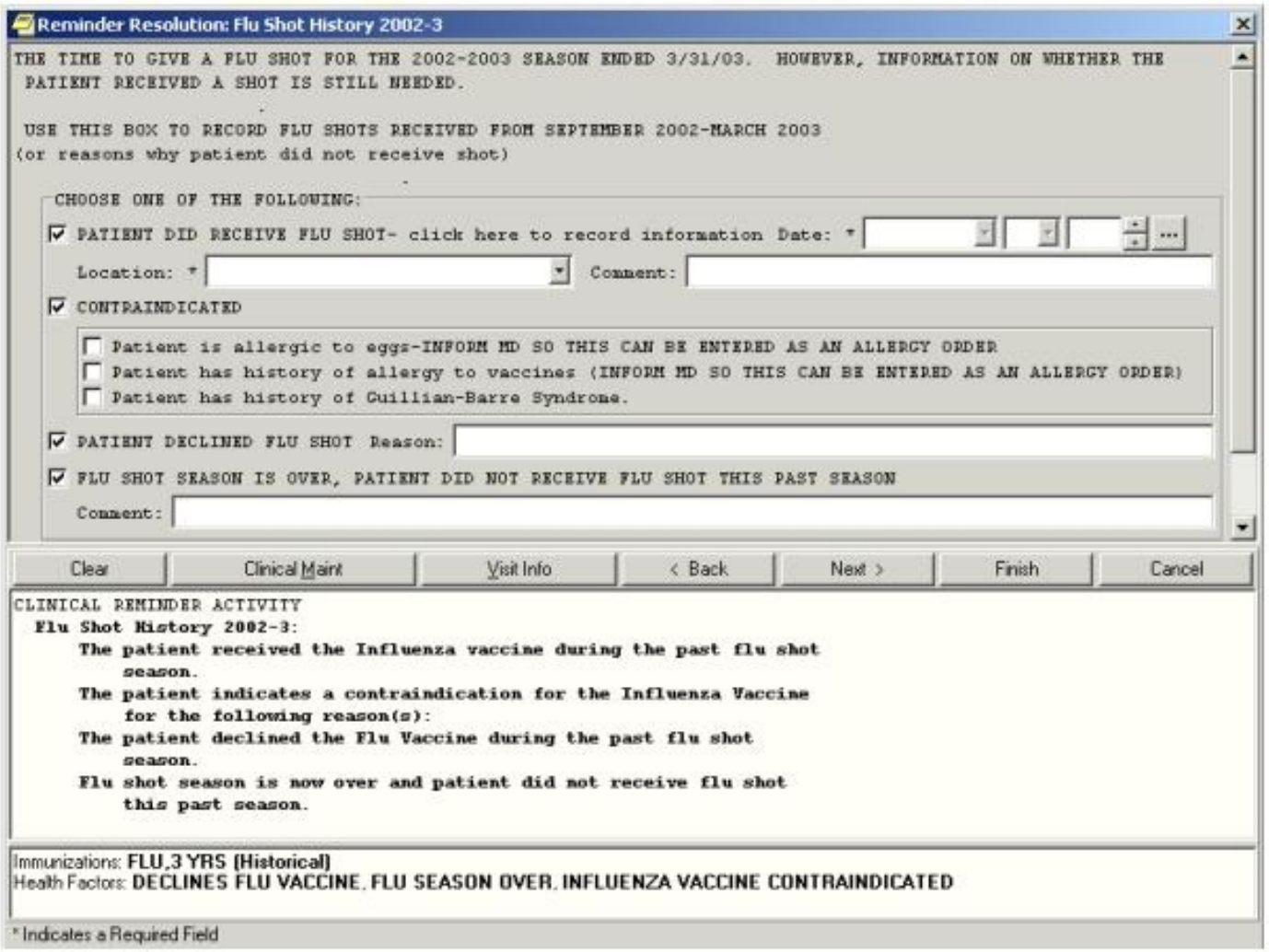

Flu Vaccine
You should get the vaccine if:
You are over 50
You have a long term health problem (heart, lung, kidney, diabetes, immune system or anemia)
You are in a long term care facility
You are a health care worker or care giver
You want to decrease your risk of flu.

TAB 8
SAMPLE CLINICAL REMINDERS

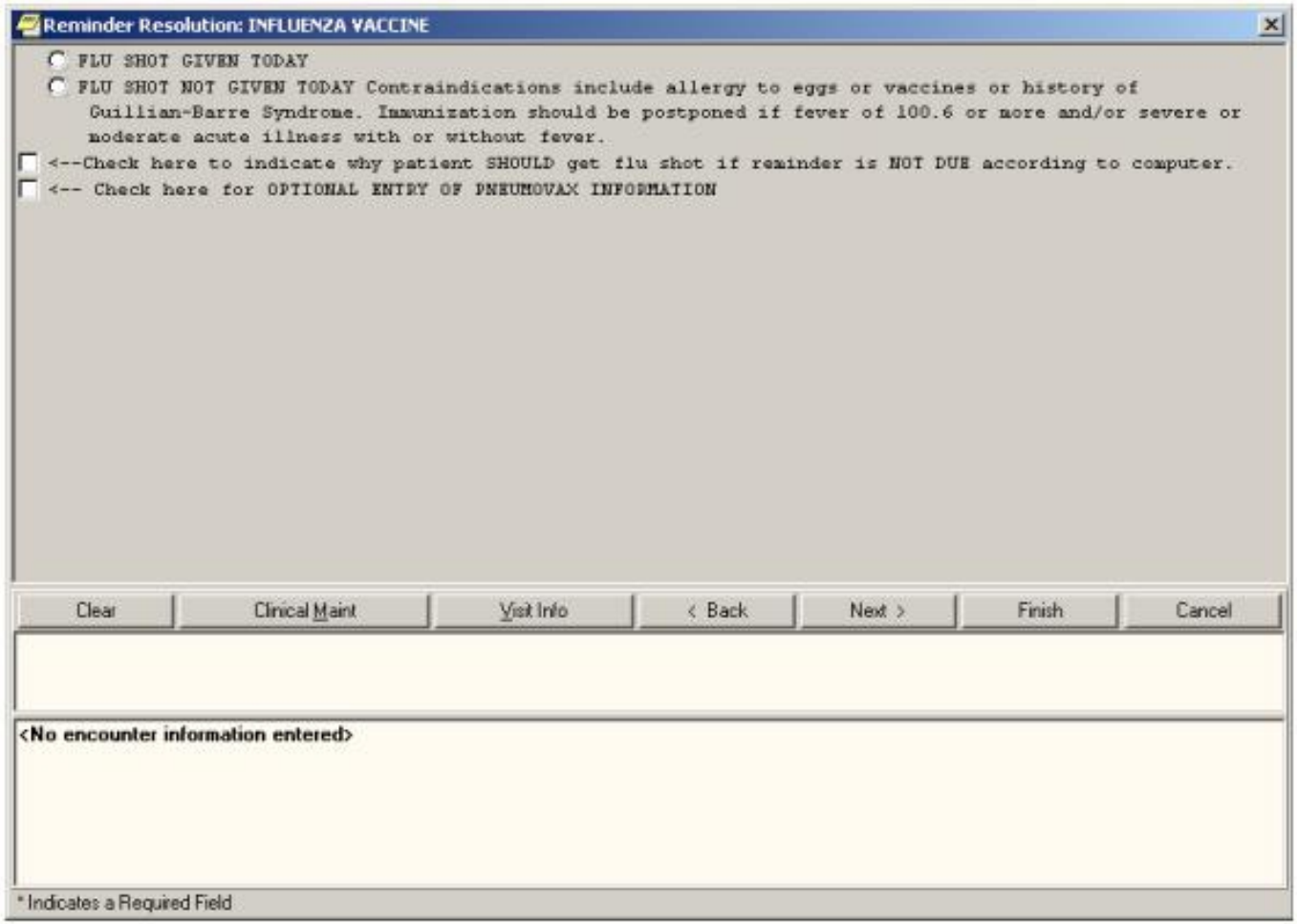
Off Season Version of Durham Influenza Immunization Dialog



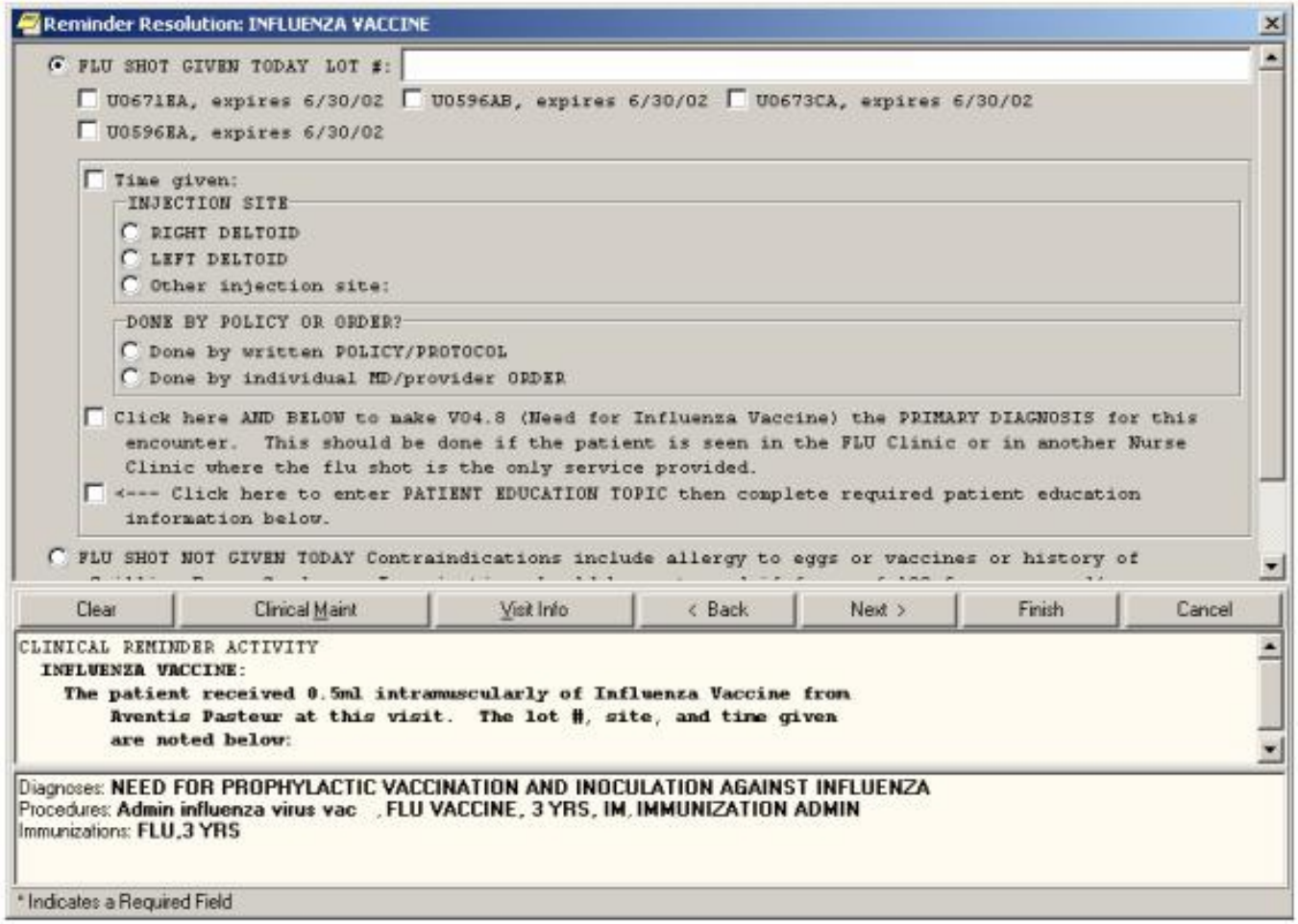
Off Season Version Expanded



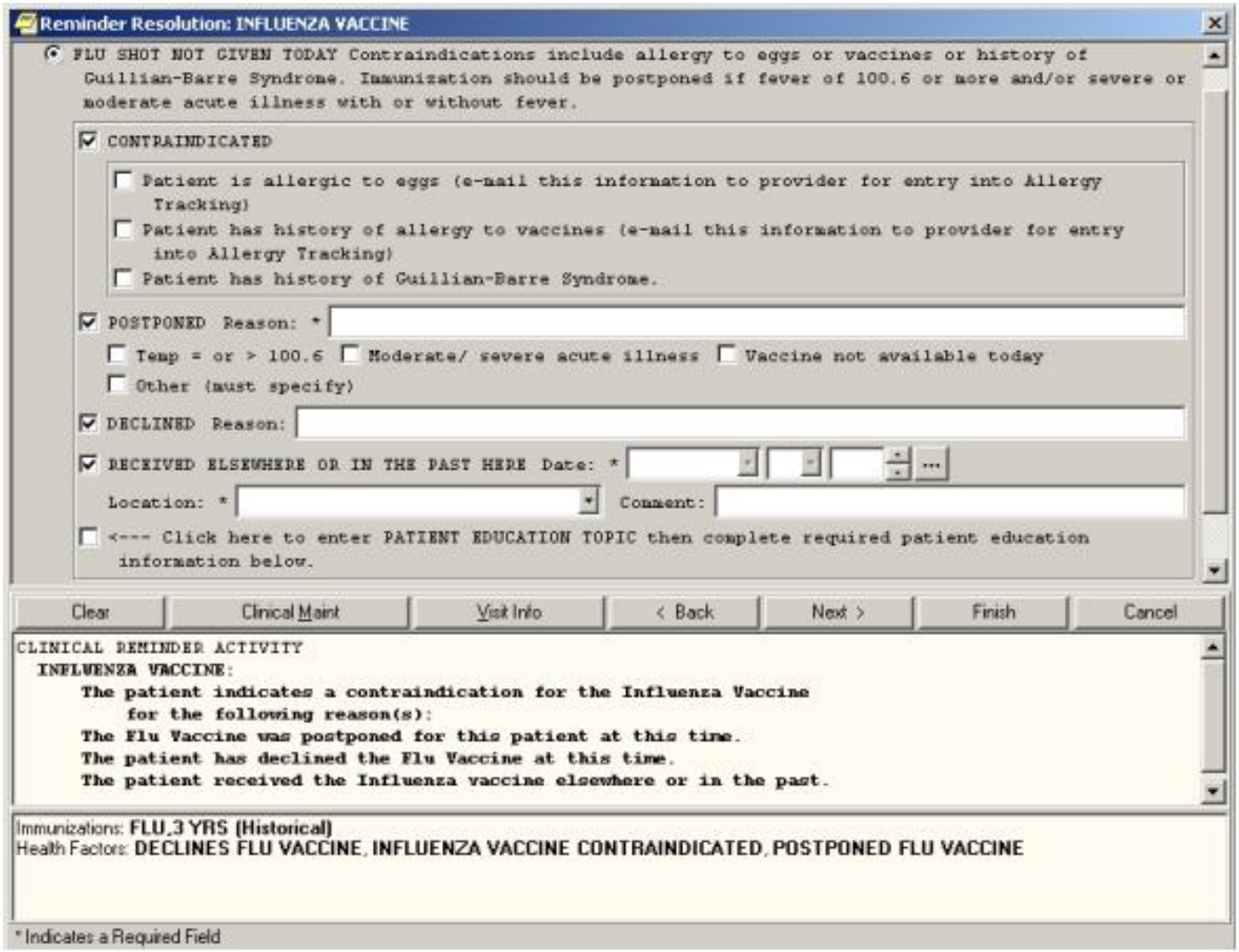
1. Durham Outpatient Influenza Immunization Clinical Reminder Dialog



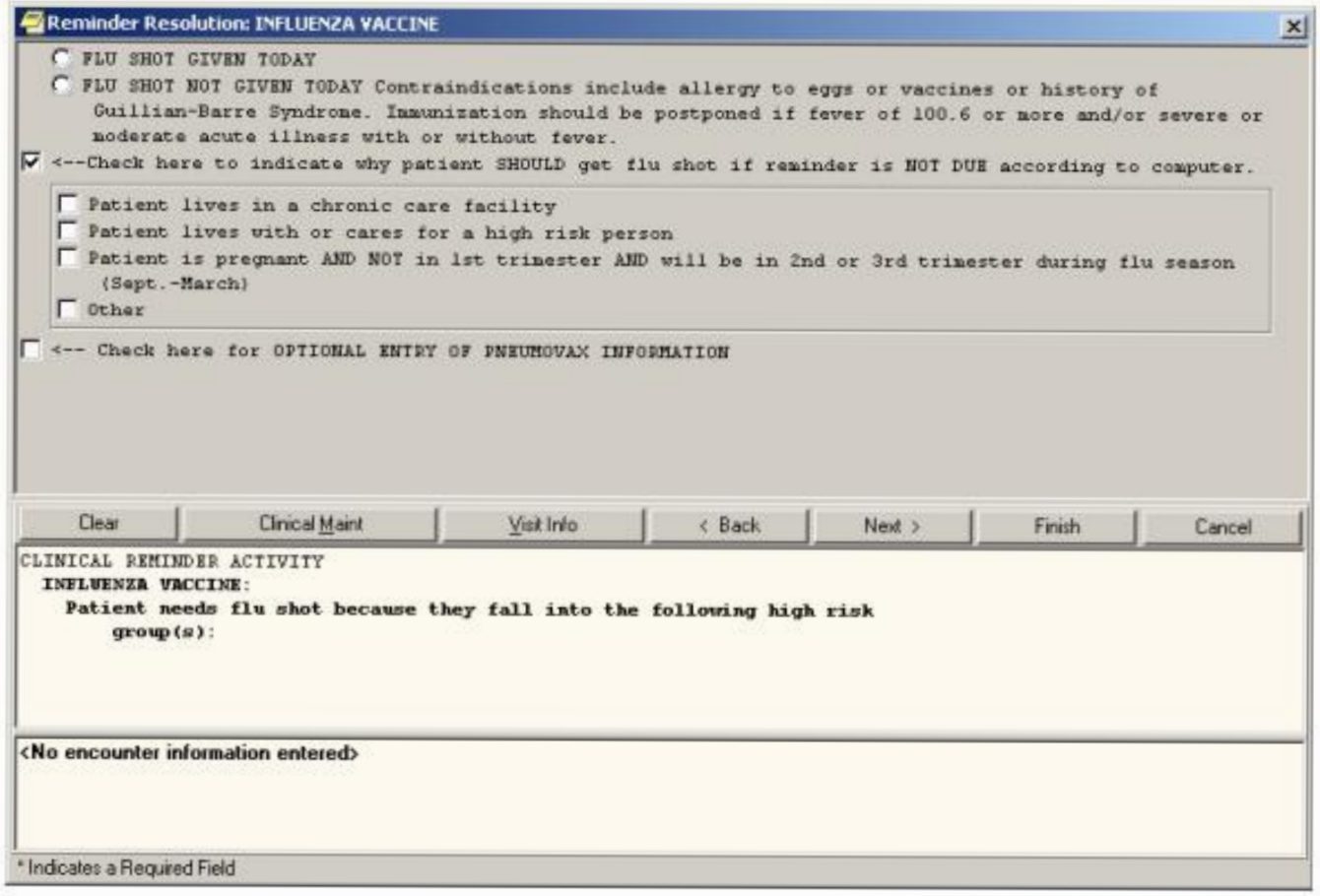
2. Detail of outpatient Influenza reminder…



3. More detail of reminder

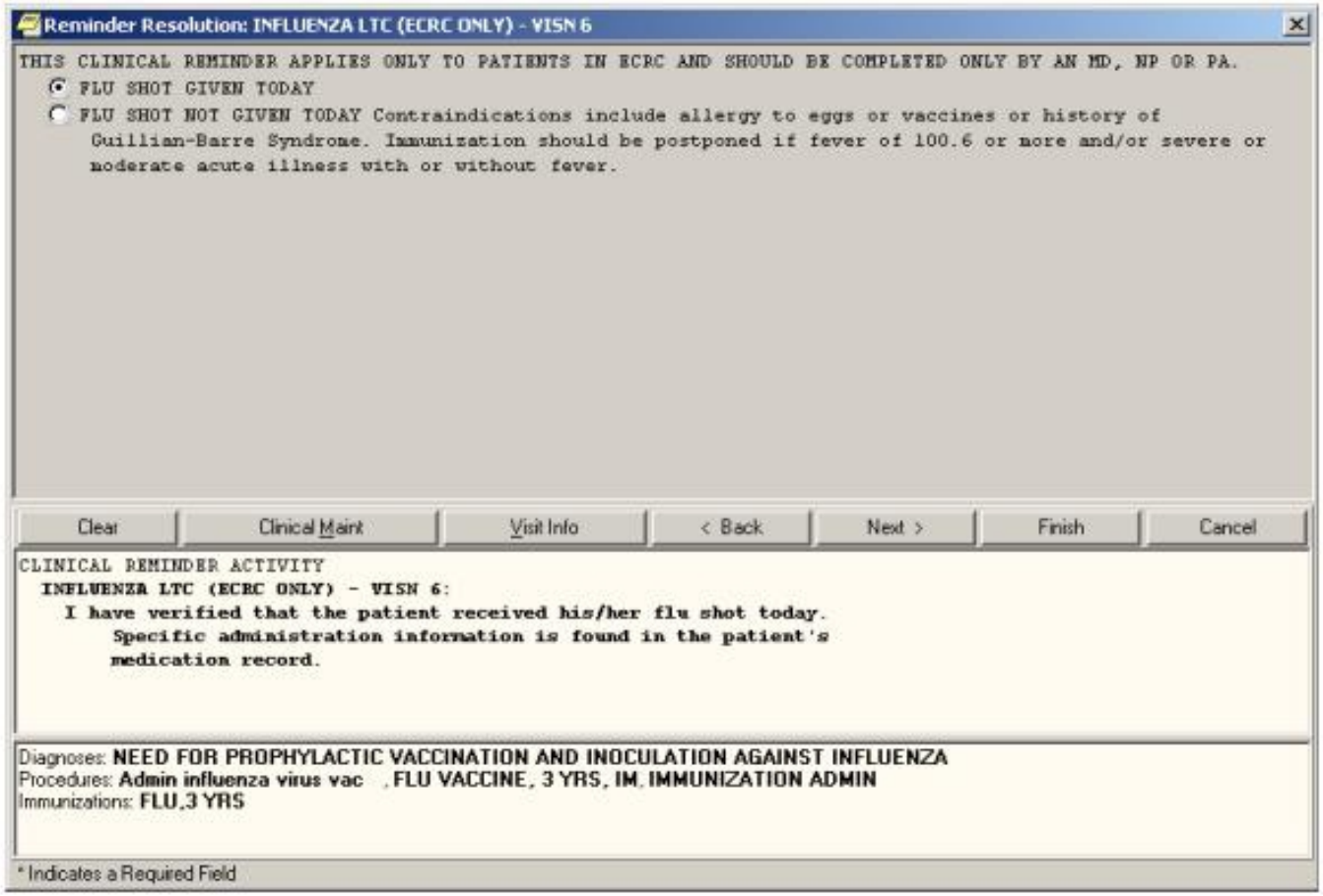


4. More detail of reminder

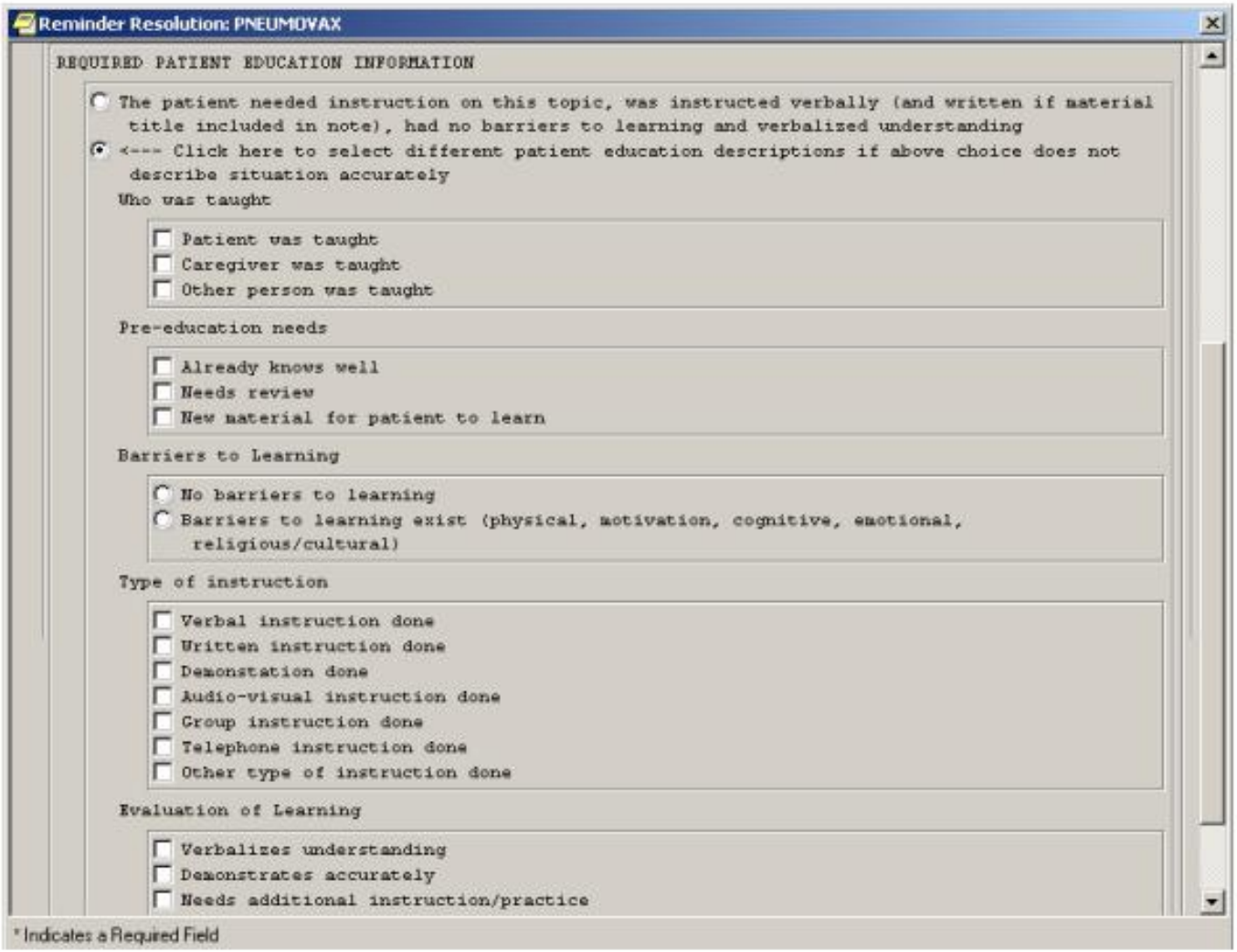


5. Long Term Care Influenza Reminder Dialog

There is different dialog and progress note text because there is a different process in our LTC area: the NP completes this reminder



Patient Education Documentation



TAB 9
VACCINE INFORMATION STATEMENTS

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2003-2004

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

- fever
- cough
- sore throat
- headache
- chills
- muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Influenza vaccine

Inactivated (killed) influenza vaccine has been used in the United States for many years. Influenza viruses change often. Therefore, influenza vaccine is updated every year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

Flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

3 Who should get inactivated influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, *and* **people in close contact with them (including all household members)** should get the vaccine.

An annual flu shot is *recommended* for:

- People **50 years of age or older.**
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
  - heart disease
  - lung disease
  - asthma
  - kidney disease
  - metabolic disease, such as diabetes
  - anemia, and other blood disorders
- People with a **weakened immune system** due to:
  - HIV/AIDS or another disease that affects the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they catch influenza).
- **Pregnant women** who will be past the 3rd month of pregnancy during the flu season (usually November - March, but past March in some years).
- Physicians, nurses, family members, or anyone else coming in **close contact with people at risk** of serious influenza

An annual flu shot is also *encouraged* for:

- **Healthy children** 6-23 months of age
- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age, especially those younger than 6 months
- People who provide **essential community services**
- People at high risk for flu complications who **travel** to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks
- Anyone else who wants to **reduce their chance of catching influenza**

Inactivated Influenza Vaccine 5/6/03

4 When should I get influenza vaccine?

The best time to get a flu shot is in October or November.

Some people should get their flu shot in ***October*** or earlier: people **50 years of age and older**, younger people at **high risk** from flu and its complications (including **children from 6 through 23 months of age**), **household contacts** of persons at high risk, **health care workers**, and **children under 9** getting the flu shot for the first time.

** To allow these people first access to the vaccine, others should wait until ***November*** to get the shot.

The flu season usually peaks between January and March, so getting the shot in ***December***, or even later, can be beneficial in most years.

Most people need only one flu shot each year to prevent influenza. Children under 9 years old getting flu vaccine *for the first time* should get 2 shots, one month apart.

5 Some people should talk with a doctor before getting influenza vaccine.

Talk with a doctor before getting a flu shot if you:

1) ever had a serious allergic reaction to **eggs** or to a **previous dose of influenza vaccine**, or
2) have a history of **Guillain-Barré Syndrome** (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from flu vaccine are very rare. ***The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.***

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there *is* a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing an Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at **1-800-822-7967**, or visit their website at **www.vaers.org**.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - -Call **1-800-232-2522** (English)
  - -Call **1-800-232-0233** (Español)
  - -Visit CDC websites at **www.cdc.gov/ncidod/diseases/flu/fluvirus.htm** or **www.cdc.gov/nip**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Inactivated Influenza Vaccine (5/6/03) Vaccine Information Statement

**Note: Change to Inactivated Influenza Vaccine VIS

On September 4, 2003, a small change was made on the VIS (Vaccine Information Statement) for inactivated influenza vaccine. Under Part 4, *When should I get influenza vaccine?* the 3rd paragraph, **"To allow these people first access to the vaccine, others should wait until November to get the shot."** was replaced with, **"Influenza vaccine is expected to be plentiful in 2003, so no one should have to wait to get the shot."** This change reflects CDC's recent decision to rescind it's recommendation for staged influenza vaccine administration that was made when the vaccine was in short supply. Copies of the VIS downloaded prior to 9/4/03 will be the original version, copies downloaded after 9/4/03 will be the updated version. The edition date of the Inactivated Influenza VIS (5/6/03) has not been changed.

IMPORTANT: Providers who have already printed this VIS ***do not*** have to replace existing stocks with the updated version, but should be aware of the change.

PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating. these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
  - heart disease
  - lung disease
  - sickle cell disease
  - diabetes
  - alcoholism
  - cirrhosis
  - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
  - Hodgkin's disease
  - lymphoma, leukemia
  - kidney failure
  - multiple myeloma
  - nephrotic syndrome
  - HIV infection or AIDS
  - damaged spleen, or no spleen
  - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
  - long-term steroids
  - certain cancer drugs
  - radiation therapy
- Alaskan Natives and certain Native American populations.

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
  - have a damaged spleen or no spleen
  - have sickle-cell disease
  - have HIV infection or AIDS
  - have cancer, leukemia, lymphoma, multiple myeloma
  - have kidney failure
  - have nephrotic syndrome
  - have had an organ or bone marrow transplant
  - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock)

What should I do?

- Call a doctor, or get to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):

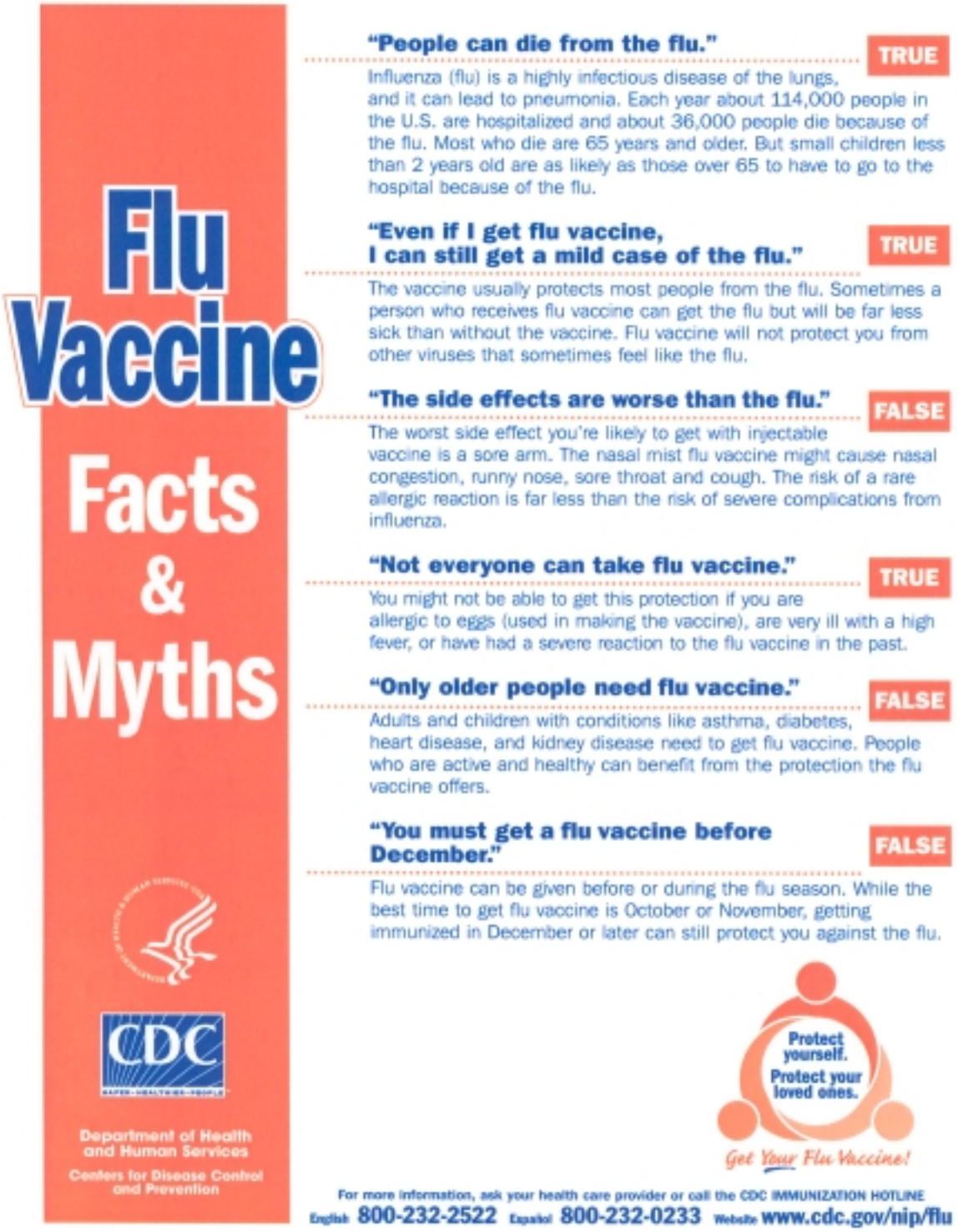
  Call 1-800-232-7468 (English)
  OR
  Call 1-800-232-0233 (Spanish)
  OR
  Visit the CDC National Immunization Program website at http://www.cdc.gov/nip

Pneumococcal - 7/29/97
Vaccine Information Statement

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

CDC

TAB 10
PATIENT HANDOUTS AND POSTERS



http://www.cdc.gov/nip/flu/pubs_04/f_factmyth_pt.pdf

Is it a **Cold** or the **Flu?**

Check your symptoms, and ask your doctor for advice.
Remember, a **flu shot** is your best protection against the flu.

Symptoms	Cold	Flu
Fever	**Rare in adults and older children, but can be as high 102°F in infants and small children.**	**Usually 102°F, but can go up to 104°F and usually last 3 to 4 days**
Headache	**Rare**	**Sudden onset and can be severe**
Muscle aches	**Mild**	**Usual, and often severe**
Tiredness and weakness	**Mild**	**Can last 2 or more weeks**
Extreme exhaustion	**Never**	**Sudden onset and can be severe**
Runny nose	**Often**	**Sometimes**
Sneezing	**Often**	**Sometimes**
Sore throat	**Often**	**Sometimes**
Cough	**Mild hacking cough**	**Usual, and can become severe**

For more information

Ask your health care provider or call the CDC Immunization Hot Line

English: 1-800-232-2522 Español: 1-800-232-0233 www.cdc.gov/nip/flu

CDC

http://www.cdc.gov/nip/Flu/pubs_03/flyers/f-cold-or-flu-print.pdf

When should you get your flu vaccination?

People at high risk of severe illness if they get influenza

- **65 years old or older**—even if you're in great health!
- **Children 6-23 months old—** Children younger than 2 years old have one of the highest rates of hospitalizations from influenza
- **Adults and children with a chronic health condition**, like heart disease, diabetes, kidney disease, asthma, cancer, and HIV/AIDS
- **Women more than 3 months pregnant during flu season**, which is typically November through March

People who can give the flu to those at high risk

- **Household member or caregiver of someone at high risk**
- **Health care workers**
- **Household member or caregiver of a child under two years old**—Infants under 6 months old are too young to get vaccinated, so you must help protect them.

Children getting their very first flu immunization

- **Children 6 months to 8 years old**, getting their first flu protection, will need a booster dose one month after the first dose of vaccine.

Persons aged 50-64 years

Anyone who wants to prevent the flu

Protect yourself. Protect your loved ones.

Get Your Flu Vaccine!

Department of Health and Human Services
Centers for Disease Control and Prevention

CDC

For more information, ask your health care provider or call the CDC IMMUNIZATION HOTLINE
English 800-232-2522 Español 800-232-0233 Website www.cdc.gov/nip/flu

http://www.cdc.gov/nip/flu/pubs_04/f_whenshouldyou_pt.pdf

Who is at high risk of flu complications?

INFLUENZA (flu) is a serious disease of the lungs. It can make you sick for a week or longer with coughing, fever, aching, and more. And it can lead to pneumonia. Almost everyone will benefit from flu vaccine, but some people have a greater need.

You could be one of them.

Many people are in danger of being hospitalized or even dying:

People who are 65 years old or older

Even if you are active and in excellent health, you have a higher risk of flu complications if you get the flu. Each year over 36,000 people in the U.S. die because of the flu—most are 65 or older.

People with chronic (on-going) or long-term health problems

You may look and feel healthy, but if you have a condition like diabetes, heart disease, kidney disease, or asthma, you are more likely to have complications from the flu. If your immune system is weakened by long-term problems like cancer or HIV/AIDS, you are also in need of protection.

Women who are at least 3 months pregnant during flu season

You are more likely to have complications from the flu when you are pregnant. Protect yourself and your baby by getting vaccinated. *(Flu season is typically November though March.)*

Infants aged 6 months to 23 months

Children under 2 years old have one of the highest rates of hospitalizations due to flu complications.

If you live with or take care of people like these, you also should get a flu vaccine. When you protect yourself, you help protect your family and friends.

Protect yourself. Protect your loved ones.

Get Your Flu Vaccine!

Department of Health and Human Services
Centers for Disease Control and Prevention

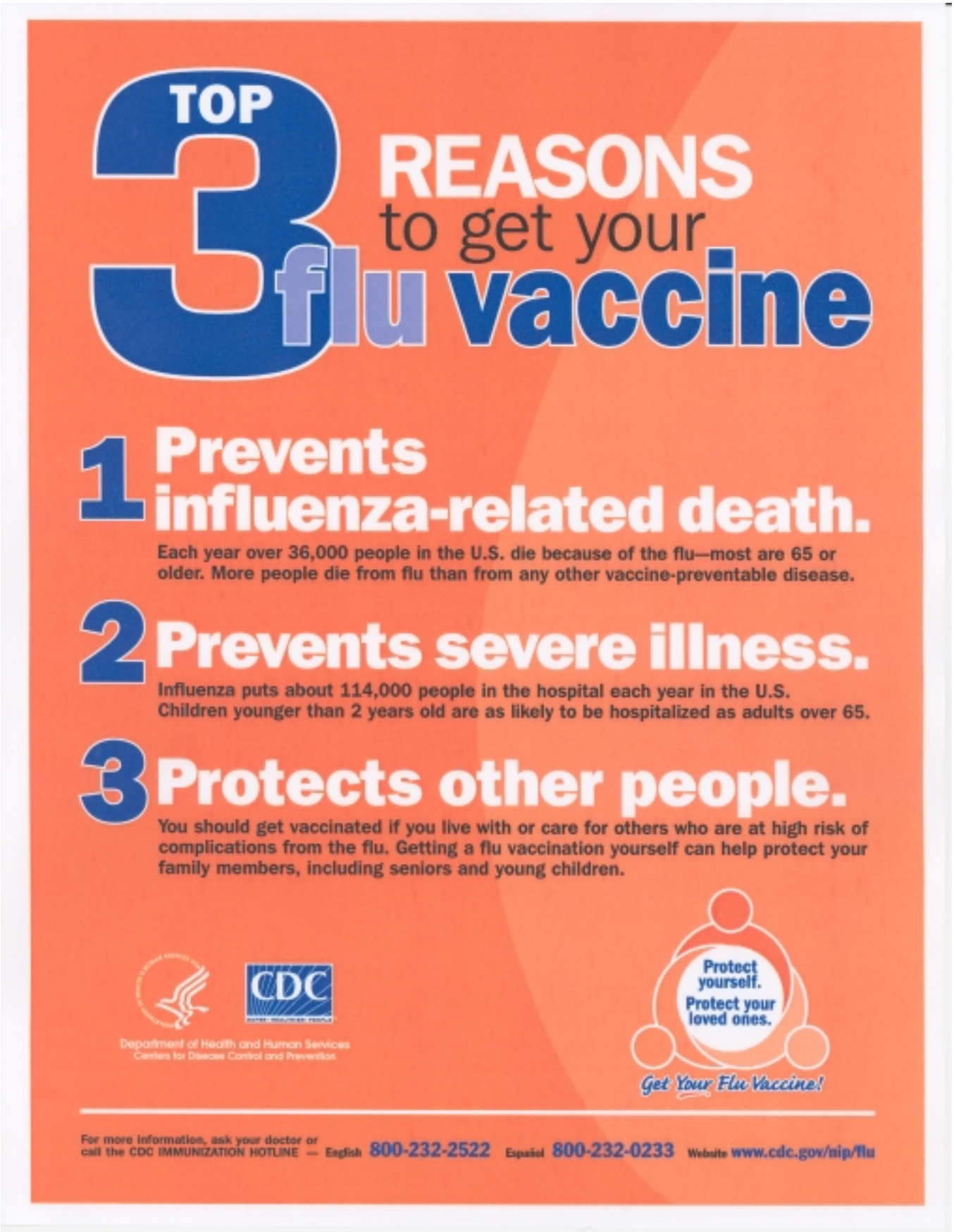
CDC

For More Information: Ask Your Doctor or Call the CDC Immunization Hotline

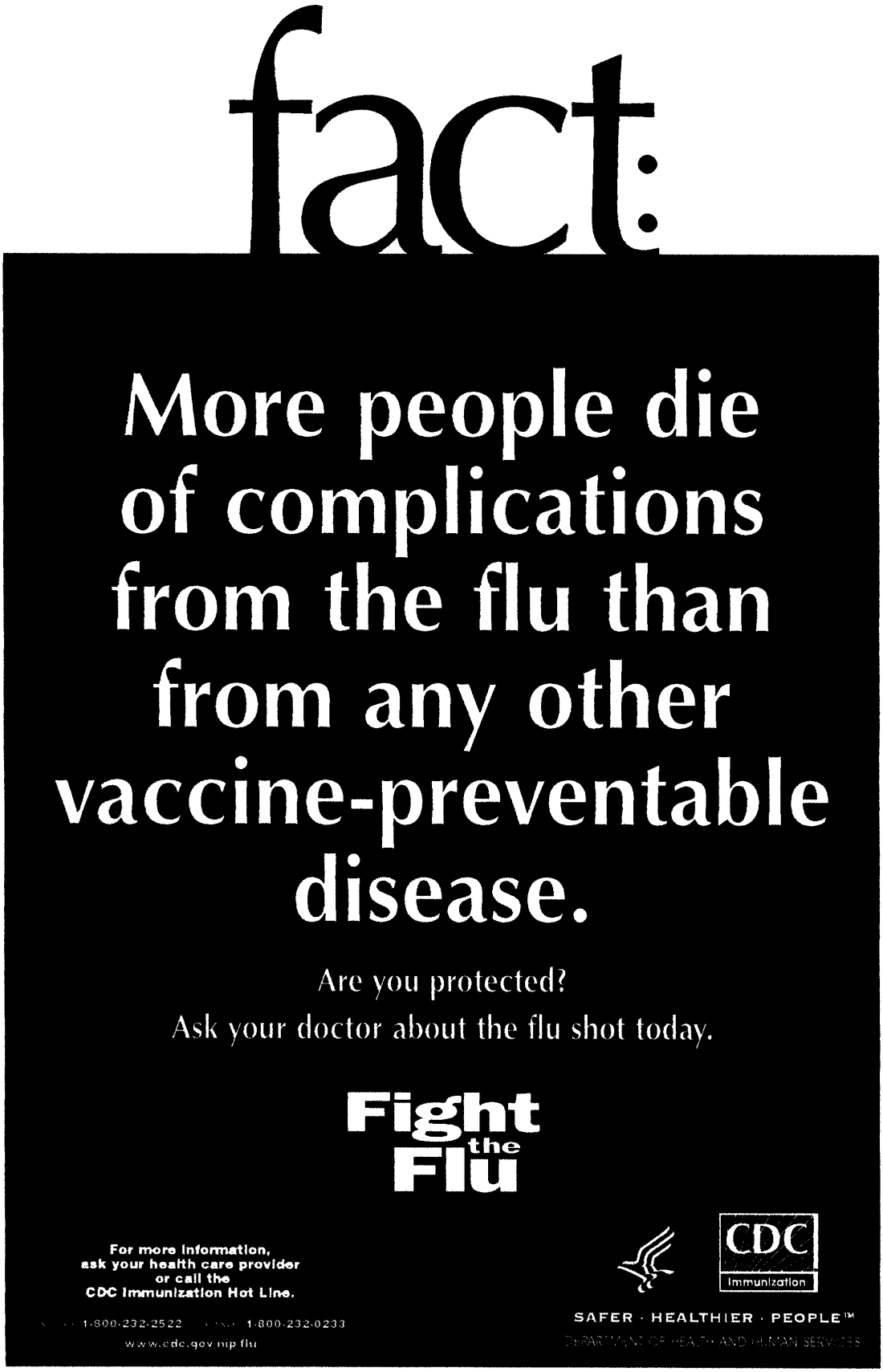
ENGLISH: **1-800-232-2522** ESPAÑOL: **1-800-232-0233** WEBSITE: **www.cdc.gov/nip/flu**

http://www.cdc.gov/nip/flu/pubs_04/f_atrisk_pt.pdf

http://www.cdc.gov/nip/Flu/pubs_03/posters/p-timing-full.gif



http://www.cdc.gov/nip/flu/pubs_04/p_top3_pt.pdf



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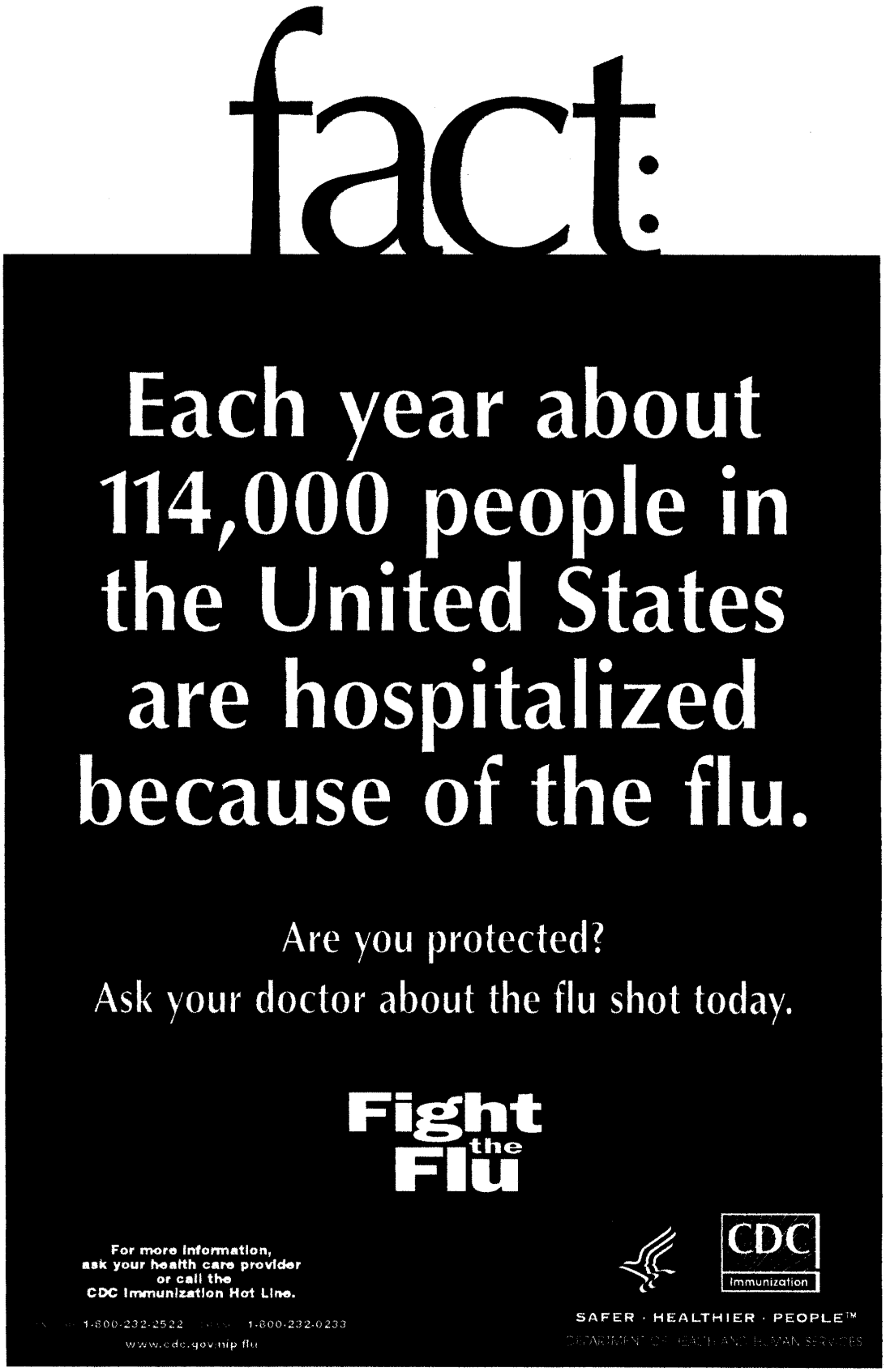

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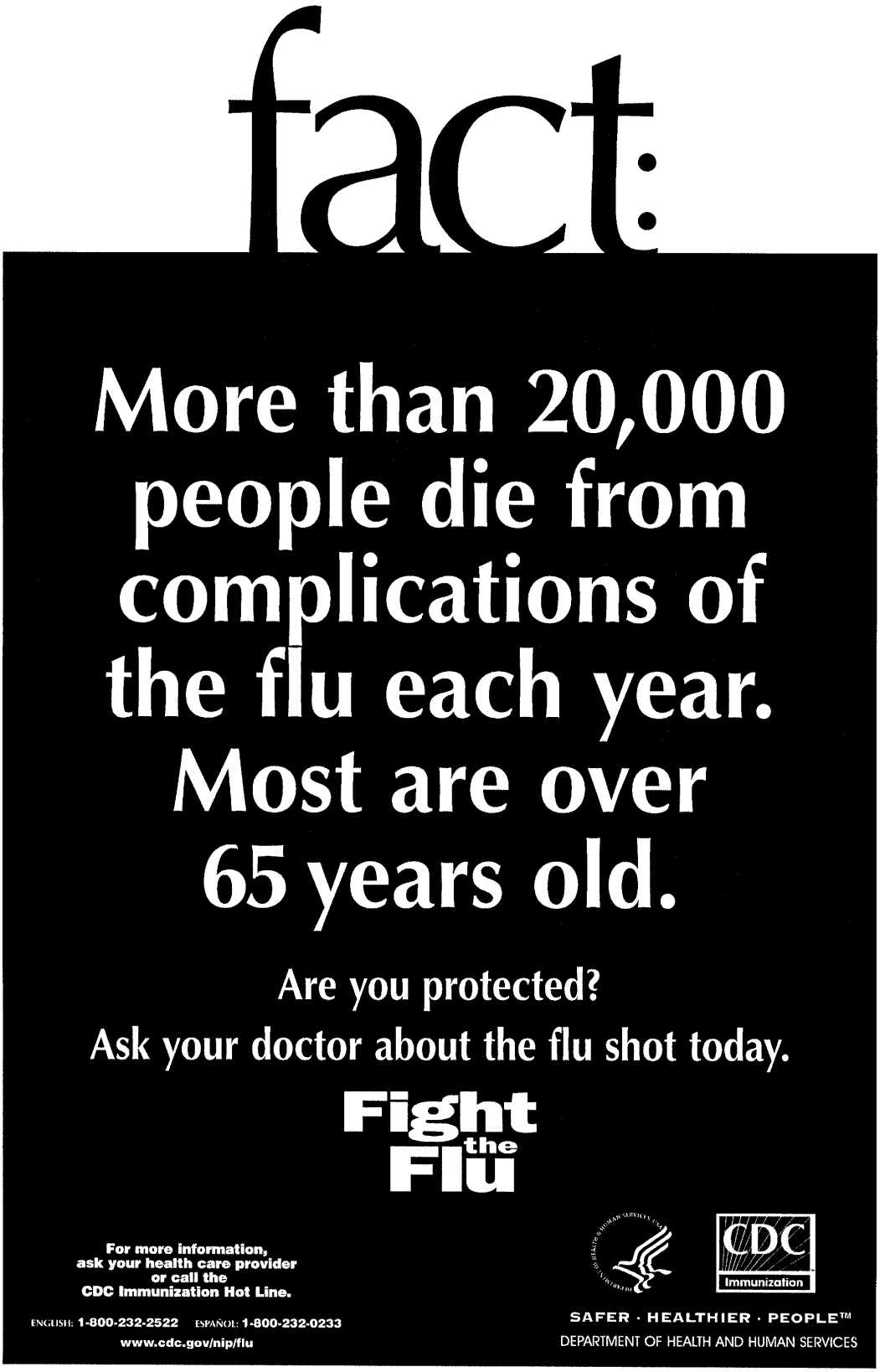

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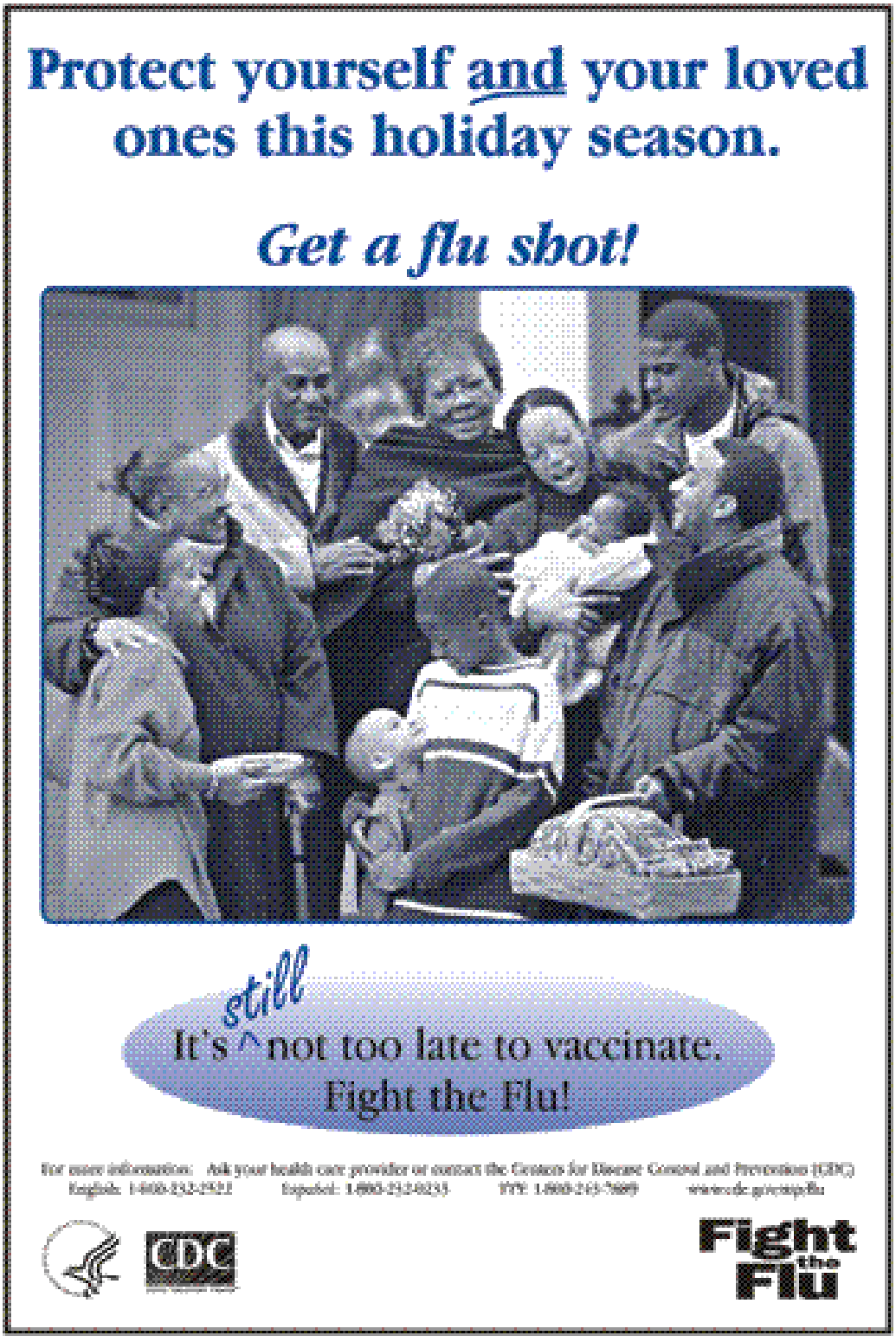


http://www.cdc.gov/nip/Flu/pubs_03/catch-up/p_catch_2c_full.gif

To Protect Yourself & Those You Love

get immunized against INFLUENZA

BEST TIME! **October & November**

But you can still get vaccinated in December and beyond

The "GET-IMMUNIZED-EARLY" List:

- **Adults aged 50 or over—*Even if you're in great health!***
- **Infants aged 6 months to 23 months**
  Children younger than 2 years old have one of the highest rates of hospitalizations due to influenza
- **Anyone with a chronic health condition**
  These include: heart disease, diabetes, kidney disease, asthma, cancer, HIV/AIDS
- **Children 6 months to 8 years old getting flu vaccine for the first time**
  These children will need a follow-up booster one month after the first dose of vaccine
- **Women who will be more than 3 months pregnant during flu season**, which is typically November–March
- **Health care workers**
- **Household contacts or caregivers of adults or children at high risk***

  high risk includes **adults 65 and older, infants under 24 months (babies less than 6 months can get influenza but are too young to get flu vaccine), **anyone with chronic health problems**, and **pregnant women***

Protect yourself. Protect your loved ones.

Get Your Flu Vaccine!

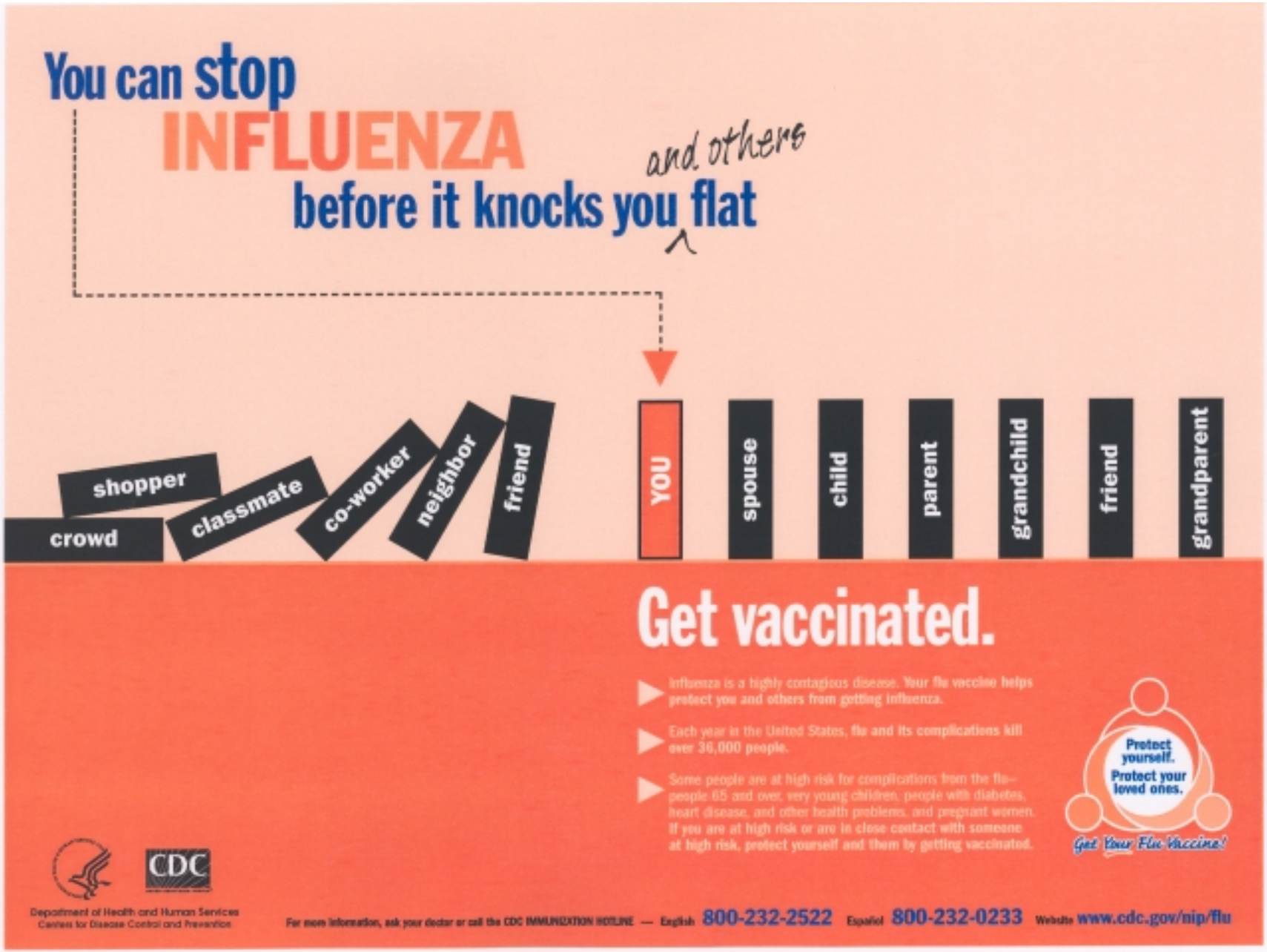
CDC

Department of Health and Human Services
Centers for Disease Control and Prevention

For more information,
ask your doctor or call the CDC IMMUNIZATION HOTLINE — English 800-232-2522 Español 800-232-0233 Website www.cdc.gov/nip/flu

http://www.cdc.gov/nip/flu/pubs_04/f_timing_protect_pt.pdf

http://www.cdc.gov/nip/flu/pubs_04/p_dominos_pt.pdf



http://www.cdc.gov/nip/flu/pubs_04/tower_pt.pdf

TAB 11
PROVIDER INFORMATION

UPDATE ON RECENT DEVELOPMENTS IN INFLUENZA AND PNEUMOCOCCAL VACCINATIONS

1. The CDC has developed a new statistical model for estimating the annual mortality associated with influenza and respiratory syncytial virus in the US.

The average number of influenza associated deaths each year was found to be 34,000 to 51,000 with most of these deaths occurring among the elderly. Vaccination remains the primary strategy for prevention and control. ***Thompson WW, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. JAMA 2003; 289: 179.***

2. Observational studies from three large managed care organizations in the US have shown that the benefits of influenza vaccination among elderly persons living in the community extend to both healthy elderly persons as well as to elderly persons with underlying medical conditions. Furthermore, vaccination of elderly persons is also associated with reductions in hospitalizations for stroke and heart disease as well as with fewer hospitalizations for pneumonia and lower mortality rates. ***Hak E, et al. Influence of high-risk medical conditions on the effectiveness of influenza vaccination among elderly members of 3 large managed care organizations. Clin Infect Dis 2002; 35: 370; Nichol KL, et al.Influenza vaccination and reduction in hospitalizations for cardiac disease and stroke among the elderly. N Engl J Med 2003; 348: 1322.***

3.The ACIP recently added cochlear implant recipients to the list of persons at increased risk for meningitis and therefore included among the high risk groups to be targeted for pneumococcal vaccinations. ***Centers for Disease Control and Prevention. Notice to readers: pneumococcal vaccination for cochlear implant recipients. MMWR 2002; 51: 931.***

4. A large observational study from Group Health Cooperative in the Seattle area found that pneumococcal vaccination of elderly HMO members was associated with a significantly decreased risk for pneumococcal bacteremia (hazard ratio 0.56, 95% confidence interval 0.33 to 0.93) but no reduction in pneumonia. These findings are consistent with other observational studies that have consistently found that pneumococcal vaccination reduces the risk for bacteremia, the basis for current recommendations for the use of this vaccine. ***Jackson LA, et al. Effectivness of pneumococcal polysaccharide vaccine in older adults. N Engl J Med 2003; 348: 1747.***

UPDATED STATEMENT FROM CDC ON TIMING OF INFLUENZA VACCINATION, 2003-04 SEASON

MMWR, August 22, 2003; 52(33);796-796

On August 11, 2003, CDC determined that vaccine production for the 2003—04 influenza season is proceeding satisfactorily and that projected production and distribution schedules will allow for sufficient supply of influenza vaccine during October and November. Therefore, influenza vaccination can proceed for all high-risk and healthy persons, individually and through mass campaigns, as soon as vaccine is available.

What's New with Flu Vaccines for Providers

LIVE, ATTENUATED INTRANASAL INFLUENZA VACCINE (LAIV)

- Approved by FDA on June 17, 2003 - a nasally administered, trivalent, live, attenuated influenza vaccine to prevent influenza illness due to influenza A and B viruses in healthy children and adolescents, ages 5-17 years, and **healthy adults, ages 18-49**.
- **Contraindicated** for the following (use inactivated influenza vaccine instead):
  - People with **immune suppression**, including those with immune deficiency diseases, such as AIDS or cancer
  - **Underlying medical conditions** that might predispose patients to severe disease following wild-type influenza infection
    - √ Adults and children with chronic disorders of the cardiovascular and pulmonary systems, including asthma
    - √ Pregnant women in 2nd or 3rd trimesters during influenza season
    - √ Adults and children who required regular medical follow-up or hospitalization during past year due to chronic metabolic diseases (including diabetes), renal dysfunction, or hemoglobinopathies
    - √ Adults and children with congenital or acquired immunosuppression caused by underlying disease or immunosuppressive therapy
    - √ Individuals with a history of hypersensitivity, especially anaphylactic reactions to any component of the product, including eggs or egg products
    - √ Children and adolescents (5-17 years) on aspirin therapy or aspirin-containing therapy, due to the association of Reye syndrome with aspirin and wild-type influenza infection
    - √ Individuals with a history of Guillian-Barre syndrome
  - **Health care workers**, due to potential transmission to immunocompromised patients
- Nasopharyngeal secretions or swabs from vaccines may test positive for influenza virus for up to 3 weeks
- Due to potential transmission of vaccine virus, those vaccinated or their parents/guardians should avoid close contact (e.g., within the same household) with immunocompromised individuals for at least 21 days

- Vaccine has not been evaluated for carcinogenic or mutagenic potential or potential to impair fertility
- Do not administer concurrently with other vaccines (safety and immunogenicity have not been determined)
- CPT code for nasal vaccination is: 90660
- LAIV has very stringent storage requirements: it must be shipped and kept stored in frozen state (5^0F or -15^0C or colder) at all times in a manual defrost freezer or in a special manufacturer-supplied freezer box. The sprayer containing the vaccine must be warmed for 1-3 minutes by holding it in the palm of the hand, supporting the plunger with the thumb (it must not be rolled between 2 hands to thaw more quickly). It can be put in the refrigerator to thaw but must be used within 24 hours.
- One-half dose (0.25 cc) is delivered into each nostril (a stopper on the sprayer indicates a half dose).
- ACIP will publish supplemental recommendations and a new Vaccine Information Statement in September 2003 to provide guidance on use of the vaccine
- Package insert available at the FDA web site at http://www.fda.gov/cber/products/inflmed061703.htm

FLU/PNEUMOCOCCAL VACCINATIONS AND SPECIAL POPULATIONS

Spinal Cord Injury and Disease (SCI&D) Patients and the Flu Vaccine
"Persons living with SCI&D are at risk of developing pulmonary complications and are more likely to die as a result of influenza or pneumonia than persons in the general population; therefore, vaccination needs to be emphasized for this high-risk group." (VHA Directive 2002-044 "Influenza Vaccine-Recommendations for 2002-2003")

SCI&D patients, even though more prone to deaths from pneumonia or flu than the general public, are less likely than most vets to be vaccinated. According to recent research by QUERI (Quality Enhancement Research Initiative), increasing awareness and information sharing with veterans positively impacts on compliance with vaccination programs. ("Maximizing Vaccination Rates for Veterans with SCI&D," VA QUERI Quarterly Newsletter, Vol. 3: No. 4; March 2002.)

Blind, Hard of Hearing, Disabled and Homeless Populations will need a multimedia approach to remind/advertise that it is time for flu and pneumonia vaccines. Picture posters, screen savers, public address statements, telephone voice reminders will all be needed to capture patients with one or more sensory deficits. For these groups, as well as the Homeless, taking the flu shot campaign on the road may be the best bet. In some areas, Vet Centers are ideal locations to provide some services, such as flu vaccine clinics, for special populations.

Patients With Cochlear Implants. Another targeted special population for the pneumonia vaccination is cochlear implant recipients. The implant, a foreign body, and the design of the cochlear implant are considered possible risk factors for bacterial meningitis. CDC recommends that all persons with cochlear implants receive age-appropriate pneumococcal vaccination.[1] The Advisory Committee on Immunization Practices (ACIP) recommends vaccination against pneumococcal disease for people at increased risk for pneumococcal meningitis. Specific

recommendations are that persons 5-64 with cochlear implants should receive PPV23 according to the schedule used for persons with chronic illnesses; a single dose is indicated. Persons planning to receive a cochlear implant should be up-to-date on age-appropriate pneumococcal vaccination ≥2 weeks before surgery, if possible.

Strategies to consider with these patient populations include:

1. Sharing PHE information materials at each visit, or mailing out materials with appointment reminders;
2. Determining the "real" problem when and if a vaccination is refused—is the issue ***control*** or does the vet have a misconception about the vaccine;
3. Encouraging the patients to "***take control***" of their health and destiny by taking a flu shot;
4. Clarifying misconceptions they might have about the flu, the vaccine, flu-related illnesses;
5. Focusing on the patient/provider relationships to encourage more positive participation in health care decision-making.

[1]. ***CDC. Pneumococcal vaccination for cochlear implant recipients. MMWR 2002; 51: 931.***

FLU FACTS
HEALTH CARE PROVIDERS

Do You Know?

1. The correct dose of flu vaccine is always:	**0.5 cc**
2. Inactivated flu vaccine needs to be stored at these temps:	**36-46° F; do not freeze**
3. Inactivated flu vaccine can be out of the refrigerator only for:	**4 hours is acceptable, but not optimal; leave out only a few doses; store and transport under refrigeration**
4. Inactivated flu vaccine can be given with other immunizations.	**TRUE Each vaccine should be given at a different site.**
5. The CPT code for flu vaccine is:	**90658 "Influenza virus vaccine, split virus, 3 years and above dosage for IM or jet injection use".** Many VAs give the split virus vaccine. 3 years means that it is intended for persons 3 years of age and above. **90660** CPT code is used with nasal flu vaccine. **90659** CPT code is used when giving whole virus IM or jet injection influenza vaccine.
6. The procedure codes used are:	**90471** when just **one injection** is given in that encounter ***AND*** **90472 for each additional injection** that is given in the same encounter
7. The diagnosis code is:	**V04.8**, which means **"need for prophylactic vaccination and inoculation against influenza".** This is used as the primary diagnosis when there is no other diagnosis for the encounter, such as when the flu shot is given in a flu shot clinic, otherwise it is used as a secondary diagnosis.
8. All 3 types of codes: (90658 or 90659) ***AND*** (90472 and/or 90471) ***AND*** V04.8 are required.	**TRUE**

Recommended Immunizations for Adults with Medical Conditions

UNITED STATES • 2002-2003 — For all persons in this group; Catch-up on childhood vaccinations; For persons with medical/exposure indications; Contraindicated

Medical Conditions ▼ Vaccine ►	Tetanus-Diphtheria (Td)*	Influenza	Pneumococcal (polysaccharide)	Hepatitis B*	Hepatitis A	Measles, Mumps, Rubella (MMR)*	Varicella*
Pregnancy		A					
Diabetes, Heart Disease, Chronic Pulmonary Disease, Chronic Liver Disease, including Chronic Alcoholism		B	C		D		
Congenital Immunodeficiency, Leukemia, Lymphoma, Generalized Malignancy, Therapy with Alkylating Agents, Antimetabolites, Radiation or Large Amounts of Corticosteroids			E				F
Renal Failure/End Stage Renal Disease, Recipients of Hemodialysis or Clotting Factor Concentrates			E	G			
Asplenia, including Elective Splenectomy and Terminal Complement Component Deficiencies			E, H, I				
HIV Infection			E, J			K	

* Covered by the Vaccine Injury Compensation Program.

A. If pregnancy is at second or third trimester during influenza season.
B. Although chronic liver disease and alcoholism are not indicator conditions for influenza vaccination, give one dose annually if the patient is 50 years or older, has other indications for influenza vaccine, or if patient requests vaccination.
C. Asthma is an indicator condition for influenza but not for pneumococcal vaccination.
D. For all persons with chronic liver disease.
E. Revaccinate once after five years or more have elapsed since initial vaccination.
F. Persons with impaired humoral but not cellular immunity may be vaccinated. MMWR 1999;48 (RR-06):1-5.
G. Hemodialysis patients: Use special formulation of vaccine (40 ug/mL) or two 1.0 mL 20 ug doses given at one site. Vaccinate early in the course of renal disease. Assess antibody titers to hep B surface antigen (anti-HBs) levels annually. Administer additional doses if anti-HBs levels decline to <10 milli international units (mIU)/mL.
K. Also administer meningococcal vaccine.
L. Elective splenectomy: vaccinate at least two weeks before surgery.
J. Vaccinate as close to diagnosis as possible when CD4 cell counts are highest.
K. Withhold MMR or other measles-containing vaccines from HIV-infected persons with evidence of severe immunosuppression. MMWR 1996; 45:603-606, MMWR 1992; 41 (RR-17):1-19

Recommended Adult Immunization Schedule UNITED STATES • 2002-2003

For all persons in this group; Catch-up on childhood vaccinations; For persons with medical/exposure indications

VACCINE ▼ AGE ►	19-49 YEARS	50-64 YEARS	65 YEARS & OLDER
Tetanus, Diphtheria (Td)*	1 dose booster every 10 years		
Influenza	1 dose annually for persons with medical or occupational indications, or household contacts of persons with indications	1 annual dose	
Pneumococcal (polysaccharide)	1 dose for persons with medical or other indications. (1 dose revaccination for immunosuppressive conditions)		1 dose for unvaccinated persons; 1 dose revaccination
Hepatitis B*	3 doses *(0, 1–2, 4–6 months)* for persons with medical, behavioral, occupational, or other indications		
Hepatitis A	2 doses *(0, 6–12 months)* for persons with medical, behavioral, occupational, or other indications		
Measles, Mumps, Rubella (MMR)*	1 dose if measles, mumps or rubella vaccination history is unreliable; 2 doses for persons with occupational or other indications		
Varicella*	2 doses *(0, 4–8 weeks)* for persons who are susceptible		
Meningococcal (polysaccharide)	1 dose for persons with medical or other indications		

* Covered by the Vaccine Injury Compensation Program. For information on how to file a claim, call **1-800-338-2382**. Please also visit **www.hrsa.osp.gov/vicp**. To file a claim for vaccine injury, write: U.S. Court of Federal Claims, 717 Madison Place, NW, Washington, DC 20005. Telephone 202-219-9657.

This schedule indicates the recommended age groups for routine administration of currently licensed vaccines for persons 19 years of age and older. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

Report all clinically significant post-vaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available by calling **1-800-822-7967** or from the VAERS website at **www.vaers.org**.

For additional information about the vaccines listed above and contraindications for immunization, please visit the National Immunization Program Website at **www.cdc.gov/nip** or call the National Immunization Hotline, **1-800-232-2522** (English) or **1-800-232-0233** (Spanish).

APPROVED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) AND ACCEPTED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) AND THE AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)

CDC National Immunization Hotline:
800-232-2522 ENGLISH • **800-232-0233** ESPAÑOL

Department of Health and Human Services

http://www.cdc.gov/nip/recs/adult-schedule.pdf

TAB 12
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25. Bridges, CB; Fukuda, CB; Uyeki T et al. 2002. Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices, MMWR 51 (RR03)1-31.

IMMUNIZATION WEBSITES

1. http://www.cdc.gov/nip This is the website for the National Immunization Program and has a great deal of information for both the public and health care providers on all immunization topics.
    a. http://www.cdc.gov/nip/publications/ACIP-list.htm This page on the NIP site lists all recommendations of the ACIP (Advisory Committee for Immunization Practices).
    b. http://www.cdc.gov/nip/flu This page on the NIP site includes information specific for influenza.
    c. http://www.cdc.gov/nip/recs/adult-schedule.htm This page includes a printable schedule of adult immunization recommendations, a list of vaccines for adults, and an adult vaccination screening form.
    d. http://www.cdc.gov/nip/publications/adultstrat.htm Strategies for Increasing Adult Vaccination Rates (NIP), March 8, 2002.

2. http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm This is a webpage of the National Center for Infectious Diseases at CDC that includes extensive information about the disease of influenza and its prevention and control, for both patients and health care professionals.

3. http://www.immunize.org This is the website for the Immunization Action Coalition (IAC) and includes a wide variety of information about immunizations, including Vaccine Information Statements in many languages. The Directory of Immunization Resources is full of useful information on organizations, websites, hotlines, and agencies that are immunization resources.
    a. http://www.vaccineinformation.org This page from the IAC is comprehensive, organized, and easy to access. For each vaccine-preventable disease, there are answers to many questions about the disease and the vaccine, as well as sections containing photos, case histories, recommendations, references, and links to useful resources. Also included is material about vaccine safety, travel, bioterrorism, state laws—and much more.

4. http://www.acponline.org/aii This site from the American College of Physicians provides resources and tools to support physicians in their immunization efforts, with the goal of improving adult immunization rates. It includes physician education, patient education, and practice management tools for immunization and reimbursement.

5. http://www.nfid.org/ncai This is the website for the National Coalition for Adult Immunization and includes fact sheets; immunization schedules, recommendations, and report cards; and an order form for a "National Adult Immunization Awareness Week" campaign kit.

6. http://www.vaccines.org This website provides access to up-to-the-minute news about vaccines and an annotated database of vaccine resources on the Internet.

7. http://www.medqic.org/content/nationalpriorities/topics/projectdes.jsp?topicID=471 This is a Medicare webpage that describes the CMS Adult Immunization Project, which focuses on increasing rates of preventive vaccination against influenza and pneumococcal disease for Medicare beneficiaries across all health settings.

8. http://www.ImmunizationEd.org This is a webpage from the Society of Teachers of Family Medicine that provides news and reports to keep family physicians up-to-date on vaccines for children and adults, links to the most current immunization schedules and vaccine information, downloadable slide presentations and photographs of diseases.

9. http://www.atpm.org This website of the Association of Teachers of Preventive Medicine has several educational resources available for download or purchase for training health care professionals and students about immunization issues.

10. http://www.naccho.org This is the website of the National Association of County and City Health Officials and has several pages of vaccine information, with links to training and resources pages.

11. http://www.partnersforimmunization.org This is the website of the National Partnership for Immunization, a non-profit organization dedicated to reducing the nationwide incidence of vaccine-preventable diseases through increased use of licensed vaccines, funded, in part, by the Centers for Disease Control and Prevention. The website is a good source for immunization resources.

12. http://www.mayoclinic.com/invoke.cfm?id=DS00081 This is the Mayo Clinic website. Influenza, August 4, 2003

13. http://www.cmri-ca.org/healthcare_prevent-immun.htm CMRI. Quality Improvement for Healthcare Professionals. Outpatient Immunization, 2002

TAB 13
TOOLKIT CONTRIBU-TORS

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*** Contributed to the 2003-2004 toolkit revisions**